The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

*VOLUME FORTY-TWO* *NUMBER SEVEN*

MONTREAL, JULY, 1946

# The Pursuit of Happiness

REGARDED as one of the inalienable rights of all human beings, the pursuit of happiness shows many facets. Within recent months there have been hundreds of stiffly starched young women parade before their families and friends to the focal point where the presentation of certificates, medals, prizes, and awards signified they had reached a point of eminence —graduation. Afterwards, their faces a-beam with happiness, they thronged the reception halls to receive warm and well-earned congratulations. Graduation is a time of happiness.

And yet, what is happiness? The Oxford dictionary tells us that it is the state of being "lucky; fortunate; contented with one's lot." The first two meanings suggest that there is an element of chance—that the pursuit of it is an important part of the realization. Philosophers have expanded these definitions, seeking to give some guidance. Edward Newton wrote of happiness, "It is to be very busy with the unimportant." George Bernard Shaw expressed it as, "This is the true joy of life, the being used for a purpose recognized by yourself as a mighty one." Clarence Urmy summed it all up in a concise verse:

*Not what we have, but what we use;*
*Not what we see, but what we choose—*
*These are the things that mar or bless*
*The sum of human happiness.*

And so, to all these youthful graduates goes a wish that they may fashion for themselves a pattern of joy in their work that will bring them happiness; that they may share some measure of this happiness with their patients for, paradoxically, the more they give, the more they will have. Their "purpose" surely is "a mighty one"—to alleviate suffering and to bring healing of body and mind. The little things, the "unimportant" details are the pavingstones from which to build the highway through life. Good luck and great happiness!

—M. E. K.

# Summer Safety

VACATION TIME! From schools and shops, from hospitals and public health organizations, from homes and offices, people are pouring out to celebrate their first peacetime vacation. Gasoline is available and maybe the tires will hold out if we don't travel too fast. Guest-houses at all of the resorts are at a premium. Where to go, what to do, how to get the most pleasure out of this year's holidays—these things have been occupying a corner of our minds for months.

The primary purpose underlying this cessation of the routine business of earning our living is to give us an opportunity to rest and relax, to become thoroughly refreshed and recreated. Nurses carry heavy responsibilities throughout the year and need to get away from the tiring demands that are made upon them day after day. A complete change is both stimulating and restoring. Even though the vacation may be utilized for postgraduate study, it is different from the regular day's work and so is satisfying.

There are a few "do's and dont's" which we all know but some of us forget in our enthusiasm for excitement on our vacations. Every year there are some unfortunate happenings that mar an otherwise happy holiday. Since many of these could be prevented by a little forethought, let us review a few of the more pertinent items.

Getting out into the sunshine is pleasant but too much exposure to the sun is distressing. A good suntan cream or lotion will minimize the risk of severe burning. Sunshine reflected from water can burn even more quickly than the direct glare. Protecting the head from the fierce rays of mid-day sun will prevent headaches and possible sun-stroke.

Some of us like to ramble through the woods. City-dwellers, who are not familiar with the distinguishing characteristics of the various poisonous plants, occasionally spoil their vacation by developing one of the plant dermatoses. Poison ivy may be distinguished by the clusters of three shiny, dark green, tapering leaflets. Poison oak, a relative of the ivy, has leaves that are blunter, more rounded. Equally dangerous is the poison sumac which may be distinguished from the harmless variety by the white berries instead of red and by the non-sticky fuzz covering the stems. There is little that can be done to prevent the irritation if one is susceptible to the poisonous sap or oils. The safest plan is to know and shun the offending agents.

Bathing is fun—whether in salt water or fresh. Many nurses are good swimmers and all should be! Every year there is a serious toll taken when over-ambitious youngsters and grown-ups become too venturesome. Muscle cramps may strike even strong swimmers so it is important to know what to do. Probably the simplest safeguard is to roll over on the back and float until the spasm has subsided. Fear becomes a potent factor at a time like this and it takes considerable grit to remain clear-headed and calm. Yet that is the keynote of safety.

To those lucky individuals who possess a motor-car in fit condition for travel, just a word of caution may be given. In 1943, the last year for which complete figures are available, with gasoline rationed, there were 37,890 motor-vehicle accidents. In these 1,161 persons were killed and 20,390 were injured. That is a heavy toll. Drive with care that this summer's vacation may not be marred. In public health work, our efforts are mainly directed toward the prevention of disease and premature death. Accident prevention, therefore, has a claim on our interest. We can assist in reducing these accidents by observing safe practices while driving or walking and thus set an example for others.

Have a good time this summer!

—M. E. K.

# Anemia in Pregnancy and the Postpartum

J. L. MACARTHUR, M.D.

TO UNDERSTAND AND TREAT any pathological condition in the pregnant woman, we must first have the necessary knowledge of the physiology of the pregnancy. The whole metabolism is changed to meet the demands placed upon it, and every structure must meet the tests which this new condition imposes. If there is any latent disease in the woman, pregnancy brings it to the surface. She must provide a healthy bed for the growing ovum by a liberal supply of water, oxygen, food, calcium, iron, and the other substances essential to life and growth. The mother will thus be better able to withstand the added load placed upon her liver and kidneys, by the waste materials passed to her by her baby. She must further provide the strength to endure childbirth, an excess of blood to replace that lost during delivery, and the substances required for lactation.

The blood consists of a suspension of cells of three types: the red cells or erythrocytes; the white cells or leucocytes; and the platelets or thrombocytes. The first contain hemoglobin and function particularly as a means for carrying oxygen to all body tissues, and carrying away carbon dioxide. The second are of importance as scavengers or "soldiers" of the body in its continual struggle against infection. The third function in blood coagulation. The above cells are suspended in a protein and salt solution called plasma. If blood clots, one of the plasma proteins (fibrinogen) is removed and the remaining fluid is called serum. Anemia may be defined as a deficiency of blood or of the red blood corpuscles. It may be brought about by improper formation of the erythrocytes, or by their excessive destruction, or by their loss from the body through hemorrhage.

## CONSTITUENTS OF BLOOD

The erythrocytes in man are being formed and destroyed continuously. The average life span of an erythrocyte is thought to be about 120 days. Normally, formation and destruction occur at an even and balanced rate, equalling about 7.5 grams a day. Formation in the adult occurs chiefly in the bone marrow of certain parts of the body. When there is a great demand, however, the spleen seems to regain the function of blood formation that it had during embryonic life.

The red corpuscles, or erythrocytes, are formed from primitive, large cells called blast cells, which seem to arise from the inner wall of the sinuses, within the blood-forming organ. The blast cell can be found to change into a megaloblast, a large nucleated cell, commencing to develop a hemoglobin content; through a smaller cell stage, called a normoblast, which is still nucleated; into a reticulocyte, a young red cell, containing no nucleus but a delicate network throughout its substance; to finally a fully-developed red cell. As this change is progressing within the sinus of the bone marrow, the cells become more detached from the wall and pushed by other underlying cells toward the centre, where, finally, they are swept away by the current, into the general circulation. In this process the occasional reticulocyte is carried away, along with the erythrocytes, so that it is common to find that normal blood contains 1 to 3 per cent of them. If the bone marrow becomes overactive, more and more reticulocytes make their appearance and their number may be used as an index of its stimulation. The more immature cells—normoblasts, megaloblasts—are seen in the blood-stream only in rare dyscrasias. Their presence and number are then of diagnostic and prognostic importance.

Destruction of erythrocytes occurs following damage during their circulation through the smaller vessels or capillaries. Squeezing of the vessels

by muscular activity increases the damage; the older cells are less resistant and undergo change more readily. Such broken-down material is taken up by so-called phagocytic cells of the reticulo-endothelial system, found in bone marrow, liver, spleen, hemolymph glands, and general body-connective tissue. Within the phagocytic cells the hemoglobin is further broken down, eventually into bile substance and iron substances. The first are excreted by the liver into the bile, some to be re-absorbed from the intestinal tract, the remainder to be excreted with the feces. The iron substance, hemosidern, is stored as a future source of iron in new red cell formation.

The white cells, or leucocytes, are formed in two places. The lymphocytes, small, single-nucleated cells, are formed in lymph glands and the spleen; all other white cells are formed in the bone marrow. Their chief function is the removal from the body of foreign material, bacteria and dead cells, by the process of phagocytosis, that is, the actual ingestion and destruction of these materials within themselves.

The thrombocytes, or platelets, are derived from giant cells, megakaryocytes, of the bone marrow. Fragments of these large cells are simply pinched off and are swept away into the circulation. There they act, with other components, to promote normal coagulation of blood. If their numbers are decreased, spontaneous hemorrhage may occur. The cause of platelet deficiency, so-called thrombocytopenia, is, at the present time, unknown.

### The Blood during Pregnancy

It has been difficult to agree on the changes which take place in the blood during pregnancy, as all women do not react in the same way. The normal non-pregnant woman has about 14 gm. of hemoglobin to the 100 cc. of blood. In the pregnant woman, there are marked daily variations, but it is generally felt that the amount is 10-12 gm. From the beginning of pregnancy, a gradual fall in the hemoglobin level may be observed up to the sixth month. In 50 per cent of cases there follows a slow rise to almost normal levels by term, while, in the remainder, the decrease persists, creating the so-called physiological anemia of pregnancy. At the same time, there is a very considerable increase in the blood volume, due to the presence of fluid portions. It may be noted in passing that nature fails to provide in a satisfactory manner for the loss of blood at delivery, and most women appear incapable of forming blood cells rapidly enough to keep up with the increased blood volume, or, in other words, to maintain the normal cell-volume ratio. If we agree that child-bearing is physiological and not a hazardous process, the term physiological anemia seems paradoxical, as it leaves 50 per cent of women in the postpartum state with appreciably low hemoglobin levels. The term may be a veiled admission of ignorance of the vital part played in the anemias of pregnancy by inadequate levels of proteins, vitamins, and other factors. These are beginning to attract the attention of discerning internists and obstetricians and will be referred to later. It is reasonable to hope that as our knowledge of applied biochemistry grows, the percentage of patients labelled physiological anemias of pregnancy will inevitably shrink.

Excluding the above condition, there are found during pregnancy, the various anemic states to which adult human beings are heir, such as secondary anemia, true pernicious anemia, microcytic hypochromic anemia, and leukemia. Although serious when associated with pregnancy, they are not induced by the pregnancy but, when present, are aggravated by the pregnant state. In this group, some make their appearance for the first time during this period and, though some are of a temporary nature, others are more refractory or even permanent. All, however, require vigorous treatment in order to maintain the patient in optimum good health. The so-called true anemias of pregnancy include:

### Anemia from Hemorrhage

The hemorrhage may be profuse or massive as evidenced by rapidly-developing pallor, increasing pulse rate, signs of shock, restlessness, or air hunger. There may, on the other hand, be small repeated gushes of blood, over a number of hours, days, or weeks, each of insignificant amount, but totalling a massive blood loss. Under such circumstances, the signs of shock are absent, and the hemoglobin level and pallor parallel each other. At any point, however, a small further bleeding may suddenly usher in a picture of extreme shock with collapse. This type of hemorrhage is especially dangerous, as the nurse and physician are often lulled into a false sense of security by the period of time that has elapsed since the onset of bleeding and the healthy appearance of the patient. When bleeding is relatively mild but continuous, it is difficult to measure or appreciate the total blood loss. The soaking of two pads with blood in a 30-minute period should be taken as a strict criterion of hemorrhage. When this occurs, immediate steps must be taken by the nurse to notify the physician-in-charge of the patient's condition, and, in the meantime, she should institute such treatment as she has at hand. Application of this axiom will save lives and decrease emergencies. The following incident is pertinent:

The patient, aged 42 years, para 2, was delivered of a normal baby at 6:00 a.m. The immediate postpartum condition was excellent, with a firm uterus and no excessive bleeding. Throughout the day she vomited periodically, and each time a gush of blood would escape, soaking the double pads. Between attacks of vomiting, no bleeding was recorded. Phone enquiries by the doctor elicited only a report that the patient was "nervous." Sudden collapse occurred at 10:00 p.m. (sixteen hours after delivery) and a fatality was narrowly averted by immediate transfusion. The cause of late postpartum hemorrhage is usually a neglected full bladder.

### Chloranemia of Pregnancy

Chloranemia is due to deficiency of iron and is identical to that in the non-pregnant patient. It is the most common type of anemia found in pregnancy and is prone to occur because of the increased need for iron of both mother and the baby, which not only must manufacture its own total blood substance, but store sufficient quantities to tide it over the nursing period until its diet is enriched by iron-containing foods. Furthermore, disturbed gastric function, so commonly found during parturition, reduces iron absorption. As a result, there is a marked fall in hemoglobin, while the red cells are small and pale. There are usually no changes in the other blood elements. The treatment of this type of anemia is iron in large amounts, along with rest, sunlight, and a diet high in liver, protein, and vitamins.

### Anemia of Sepsis and Secondary to Cancer, Syphilis, Nephritis, and Other Debilitating Conditions

In this broad group, treatment is aimed at the primary condition, the supplying of raw materials by repeated small transfusions, adequate diet, rest, and iron.

### Acute Anemia of Pregnancy and the Early Postpartum

Although not common, this condition, described in detail by Sir William Osler many years ago, is met with sufficient frequency to warrant description. It is most common in multipara in the middle or later years of reproductive life. The early signs are often insidious, first manifesting themselves during the last trimester, but may develop suddenly, even dramatically, soon after delivery. The patient presents the picture of shock, is extremely pale, or perhaps displays a lemon-yellow tint to her skin, complains of dyspnea on the slightest exertion, and very often has fluctuating temperature which is frequently mistaken for sepsis. The spleen is commonly enlarged. Examination of the blood usually allows differentiation into two types: (a) the so-called pernicious anemia of pregnancy, and, (b) so-called Lederer's

hemolytic anemia. The striking features of the first, on blood examination, are the large red cells, known as macrocytes, the diminution of blood platelets, the lack of response of reticulocytes, and the absence of hydrochloric acid from the stomach. Although clinically identical, the blood in hemolytic anemia shows a marked increase of reticulocytes, normal platelet count, and, usually, normal stomach acidity. The pernicious anemia of pregnancy, like its sister, true pernicious anemia, responds rapidly to liver therapy. Lederer's anemia, on the other hand, is unaffected by liver treatment, but improves with repeated blood transfusions.

Recent cases, seen on the gynecological service of the Montreal General Hospital, illustrate these points:

A 22-year-old, para 2, was admitted, eleven days postpartum, in extreme anemia. Her hemoglobin level had fallen to 18 per cent and there was marked depression of erythrocytes, white cells, and platelets. Her skin was lemon-yellow, and her spleen was palpable. The smear showed many large and well-filled red cells, scattered throughout others, showing the marked variation in staining and size, typical of pernicious anemia. True to form, the reticulocytes were less than 1 per cent. There was a fluctuating temperature which ranged from 104 to 96 degrees, in a septic fashion, but no other signs of infection could be found. Because of her precarious condition, and its similarity to infection, multiple transfusions were given with recovery. Similar, but probably not such rapid response, could be expected to follow liver therapy. This condition is undoubtedly pernicious anemia of pregnancy, but, unlike true pernicious anemia, it disappears early in the puerperium and may never recur.

A second case was a 34-year-old, para 8, whose previous pregnancies had been uneventful, but with noticeable degree of anemia. During the last trimester of the present prenatal period, she began to complain of increasing weakness and fatigue, and dyspnea on exertion. She also began to have a low-grade afternoon fever. Examination revealed extreme pallor with slight questionable jaundice, a normal pregnancy approaching full-term, and a palpable spleen. The hemoglobin had fallen to 38 per cent, the red cells showed some variation in size and staining, and large forms predominated. The reticulocytes, however, were 10 per cent, and the platelets normal. She received multiple transfusions, with rapid and sustained improvement. At delivery one month later, the hemoglobin was 72 per cent and the blood cells normal. The reticulocytes had fallen to 1 per cent.

This form of anemia is known as the hemolytic anemia of pregnancy, or Lederer's anemia. The cause of this group of acute anemias is, as yet, unknown, and unfortunately its response to liver therapy problematical. Recent observations tend to suggest the possibility of auto-agglutination in an Rh negative woman.

### Anemias and Deficiency States

Although we are just beginning to understand these conditions, there is no doubt that deficiency of protein, vitamins, and perhaps other extrinsic factors, contribute to a marked degree to the onset and intensity of many types of anemia seen in pregnancy. There is no diagnostic aid for their absolute differentiation, but the dramatic rise in hemoglobin following the ingestion of protein and vitamins proves their value. Probably the day will shortly come when plasma-protein estimations will be carried out routinely throughout pregnancy. It has been repeatedly confirmed that the addition of proteins to the diet of the anemia patient greatly enhances the usual treatment.

It has been known since 1940 that there exists a member of the Vitamin B Complex group, which will cure certain artificially-produced anemias in animals. This substance, known as Vitamin Bc, is called the anti-anemia vitamin. Chicks deprived of it rapidly develop anemia. So far its role in human medicine is undetermined.

Such are but two examples of the role played by extrinsic factors in anemia. As time goes on, more such substances will be found, and this most common complication of pregnancy will cease to be a menace in the delivery-room, and cause of chronic ill-health in the child-bearing woman.

# The Camp Nurse

ELIZABETH K. McCANN

WHAT! YOU'VE NEVER been a camp nurse? Let me tell you something of what you've missed—the peace and pandemonium, the silence and the uproar, the civilization and the barbarity, the thrills and the chills, in fact just what the doctor ordered—camp. It is the most heavenly place on earth, or the most outlandish, depending on what you make of it. A few hints to the greenhorn come not amiss.

Nursing in camp is a special field all its own, defying classification and definition, yet appealing to individuals in all branches of nursing, if the individual is a camper at heart. It is not a career—it is a privilege. It is a rare experience, shared by many, open to all, and should be universally enjoyed.

Camp nursing carries responsibilities as well as the multitudinous joys that every camper treasures in her book of memories. The nurse is like a coat of many colors. She fits into all situations, blending harmoniously because of her varied qualifications.

Depending, of course, on her familiar or usual activities, the nurse's regular "job" may be the care of hospital patients, first aid on the spot, sanitation and other health measures, control of communicable diseases, preventive medicine, group teaching, supervision, or any other form of nursing work that could be mentioned. All have their counterpart at camp, but all are, oh! so different! The hospital may be a tent, the bed a blanket roll on a straw tick, the patient's tray the top of a marshmallow tin, the rest of the necessities being left mostly to the imagination. Often a hut or permanent first aid post is set aside on the site for a "hospital tent" (or whatever other name suits the camp plan), and basic necessities will be available.

First aid will vary with the age of your campers, their experience and that of their camp officers, the terrain of the site, and the spirit of the camp group itself. Some campers are "woodsy" people, going on long hikes and adventure trails through the woods. Twisted ankles, slivers, bumps, bee-stings, grit in the eye, and some fractures come back with this group. Other groups are chiefly sea-conscious and here the barnacles take their toll. Really "juicy" cuts and scrapes drip their way back to the nurse for patching; earaches, the odd cold from too much sea by day and by night (wet heads especially) are other familiar "sea" problems. Then, of course, there is the pioneer clan that must go back to the most primitive methods of living, and re-discover the way to civilization and the comforts of life. The urge for creative labor is strong within them, and cut fingers from jack-knives, burns from makeshift ovens and roasted delicacies, bumped heads from sagging and sagged ridge poles all are mere incidentals, except to the 24-hour duty nurse. Strains, aching muscles, sun-

*Record-keeping out-of-doors*

*Sawing wood*

burn, homesickness, and gastritis enter the orthopedic and medical nursing fields, but time being so precious the treatment period must be accelerated as much as possible.

Sanitation is often a major item, where camp officers change with each group of campers, and thus vary widely in calibre, regardless of required qualifications. Many, though earnest in their endeavors to run a good camp, do not take a sufficiently long point of view. Inspection and supervision of all sanitary arrangements, though not an arduous task, is definitely a specialized endeavor requiring interested understanding on the part of the nurse.

Communicable disease, its prevention, control and care, would seem a subject remote from the bliss of a summer's day. It should be, but all too often in one form or another it rears its ugly head, and scatters problems in its trail. Health forms provided by the organization and filled in by the parents of the campers should warn of any contacts, who are then permitted to attend camp only on the certificate of a doctor assuring their safety. Occasionally, for no known cause, "something" breaks out at camp and isolation precautions, health inspection, doctor's diagnosis and orders must all be carried out. The disposal of the patient is often a major problem, varying in severity with the condition of the patient, the location of the parents, the nearest doctor, the transportation facilities available, and the duration of the camp. One common intruder at camp is ringworm, another scabies, and a third, less frequently, pediculi. All create something of a snag to the nurse's peaceful vacation, but must be handled in such simplified form that the camper dreads her return to the complications of civilization.

*K.P.—potato-peeling*

As far as camp routine is concerned, health inspection is supposed to occur daily. This varies with the program, usually the morning period is best, the nurse following, preceding, or sandwiching between duties and other activities until she has seen each camper. Rounds made just at bedtime are not necessary, but are very helpful with young campers, and save later calls. Seeing that beds are snug, and cabins airy, and that swimmers' heads are dry, all prevent gargles, stuffy headaches and earaches the next day. The little folks don't feel quite so alone either when somebody calls by to be sure they are tucked in.

If consulted in regard to medical supplies before leaving for camp, it is well to consider commodities that will serve in more than one capacity. Soda bicarbonate is a very good camper, coming in handy for pancakes when the milk goes sour, if for nothing more professional. Adhesive by the mile, absorbent, cheesecloth, and bandages are "musts", something for burns, cuts, earaches, toothache, muscle soreness, some cough syrup, a needle and a pair of scissors, some soap, a thermos bottle and hot water bag will all play their part. For your

own "off duty" pleasure, take along your knitting, some writing paper, a good book or two, and any other little job that you don't mind bringing home—untouched. A good electric torch, or a wee oil lantern, if possible, protection for rain, sun-tan oil and glasses, a good warm sweater and a song book for camp-fire time, added to the fundamentals as contained on the kit list issued to the campers, should complete your packing. You may have to take your own dishes and silverware; choose unbreakable ones and mark them clearly. A daub of enamel paint works very well. Take along an extra cup for a tooth-cup if "running" water means that you do all the running. Find out about bedding and be sure that you have enough. Take along the morning paper if you think you may be chilly. It is a wonderful insulator if placed *under* you in layers. If you sleep outside under the stars (and don't fail to do so if you would really make a camper of yourself), be sure you have a rubber ground sheet underneath and a woollen blanket (not cotton or quilting or rubber) on top to catch the dew. If you choose the beach, hollow out your own "curves" before you lay your bed, and you will rest as on a downy nest. Be prepared to eat at least twice as much as you do at home, (even things you have not touched for years), blame your appetite on the fresh air, and sit back and enjoy it.

Make yourself *belong* as soon as you arrive in camp. Learn names, find out schedules, and make the adjustments that will be necessary as quickly as possible and as smoothly as you can. The biggest part of the nurse's job in camp is to keep the camp healthy so that it will be happy. The two work hand in hand. If the campers are unhappy, the nurse's job increases. If she cannot find the root of her charges' troubles, the camp will be unhealthy and a failure. Sometimes "new" officers, young and old, need as much help in helping campers, as the campers need themselves. The nurse serves as broadly or as narrowly as she wishes, but owing to the particular qualities which she should possess from her basic training, her interpretation of seemingly difficult situations can often tactfully smooth them away for the best good of all.

*An outdoor beauty parlor*

Finally, a few "professional" short cuts:

1. For coughs, sore throat or huskiness—a gargle with hot salt water every half hour quickly bores malingerers who turn up in every camp, fascinated by the novelty of a nurse to look after them.

2. For sprains and strain, anything up to the knee or elbow—alternate soaks in hot and cold water (especially if it's carried) likewise dampens the glamor of the sling and bandage. Callous though it may sound, such hints are helpful.

3. Stones warmed on the stove or by the camp-fire, if carefully handled and well protected, serve very well for hot water bottles.

4. A thermos bottle of boiling water often is a real lifesaver in the middle of the night, when the fires have gone out. Make it a habit. If you don't need it through the night, it adds a luxurious touch to the morning ablutions.

5. Homesickness is not sheer perversity on the child's part. Treat it with kindness and real care. Often a really good rest on a clean bed, after a refreshing wash, works wonders for heart and body-weary youngsters whose enthusiasm has outworn their

vigor. Just another hint here—see that time and hot water are provided sufficiently to enable your campers to get clean at least once or twice a week if not daily. Too much cleanliness is irksome, but too little is loathsome, and quickly undermines the pleasure in the camp.

6. Be sure to take along a pinch of salt. Remember everything you say can and will be used against you, so please don't take yourself or your job too seriously. Be available for any call—always have a little spot for leaving a note as to your location when not engaged—but don't be too professional. Camp sense and being a good camper comes with experience, and you alone can achieve the nice balance that each situation demands. You are important but not indispensable and if your example of good camping is genuine, you will defeat a prevalent argument against having a nurse in camp—you won't make the campers sick!

Camping is a privilege, it is also a right—a right of every youngster in a fine and beautiful land, to live in and with nature, to learn its laws and live its ways, thus developing into broader and better citizens, more capable of governing a country with a future. It is the special service of every camp nurse to help and, in helping, to grow herself and have good fun.

Best of luck campers, and may all your troubles be little ones!

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# Accounting for Nurses

PART III

PERCY WARD

ACCOUNTING SHOULD NEVER be regarded as a separate department of a hospital. It is an essential part of every efficient hospital department. Accurate accounting is the life blood that keeps the hospital alive. This life blood must flow through every part of the hospital if it is to continue healthy.

Money is important and should be handled, recorded, and spent with care. But intrinsic values owned and used by the average hospital consist of approximately 5 per cent money and 95 per cent goods and services. It is a mistake to regard the 5 per cent that is money with a kind of sacred (or devilish) awe; to insist that a nurse is more or less contaminated by speaking of it; to arrange a ritual whereby at least two important officials must affix their signatures to a document before any money can be moved at all and, at the same time, leave the 95 per cent that is goods and services to the mercy of all persons, (responsible, irresponsible, and not responsible), without either proper records or adequate supervision.

There are two accounting procedures for recording expenditures of goods and supplies. The most efficient, commonly termed the "central store system", is practical only in a hospital large enough to employ a full-time storekeeper, say, 250 beds.

The central store system is operated just as if it were a separate shop, buying goods in large quantities and selling them in small quantities to the various departments and floors. Goods and supplies purchased are charged to "stock." Employees requisition for them, and they are charged against the hospital as they are issued from "stock." This procedure involves the keeping of perpetual inventories of all goods and supplies in the central store-room. Expenditures consist only of what the central store issues for immediate consumption.

In hospitals too small to operate a central store system, fairly accurate accounting of expenditures, (that is, goods consumed as distinct from goods purchased), can be obtained by analyzing every invoice and distributing the cost over the probable period of life of the goods and supplies

C. BROWN & CO.
General Store
Summary and Analysis of Account for *January, 1946.*

| | Totals | Jan. | Feb. | Mar. | April | *Balance* |
|---|---|---|---|---|---|---|
| | $ c | $ c | $ c | $ c | $ c | $ c |
| *Supplies* | | | | | | |
| Housekeeping | 20.10 | 6.10 | 5.00 | 3.00 | 2.00 | 4.00 (2)* |
| Laundry | 50.00 | 15.00 | 15.00 | 15.00 | 5.00 | |
| Dietary | 240.00 | 200.00 | 10.00 | 10.00 | 10.00 | 10.00 (1)* |
| TOTALS | 310.10 | 221.10 | 30.00 | 28.00 | 17.00 | 14.00 |

*Shows the number of months the balance is estimated to last.

purchased. This system, which we will describe briefly herein, will not only make available a valuable analysis of costs each month, but will become an important factor in helping to prevent waste. There will always be someone whose duty it is to know how long supplies are likely to last, and whose attention will automatically be drawn to leakage and waste of any kind.

In small hospitals, goods are usually delivered in such a way that the department using the goods knows that they have arrived. They may go directly into the laundry, the kitchen, the office, or they may go into a central store-room. These goods are usually accompanied by a delivery slip, and the person receiving the goods is asked to sign it. The delivery slip should then be given to the head of the branch using these goods or supplies. He or she is usually the best judge of the period that the goods or supplies are likely to last. This period should be written upon the delivery slip, which should be forwarded to the person responsible for paying tradesmen's accounts. If there are a number of different items on one delivery slip, the period should be written on each line concerning those supplies which will last for different periods.

The office clerk should keep a file for all delivery slips and invoices, and should later attach these to each tradesman's monthly account when it arrives. After checking the bill with its supporting voucher, a separate cost voucher should be attached to the face of the account. A sample cost voucher form, upon which have been entered a few sample items, is included herewith. (see above)

A cost voucher, similar to the sample shown, should be attached to every separate tradesman's account, and the goods purchased from each tradesman should be distributed according to the estimated life of each supply. If any goods arrive unaccompanied by a delivery slip, a cost voucher should be made out at once so that the receipt of the goods may not be forgotten. Similarly, a cost voucher should be made out for all donations in kind, because the consumption of the goods is an expenditure of the hospital. When goods are donated, the value should be entered as revenue in addition to being shown as an expenditure.

The vouchers concerning all purchases during any one month should be kept together and should not be entered into any intermediary accounting book until all that month's vouchers are complete. They should then be sorted into alphabetical order and the total of each account payable should be entered in the voucher register which, when totalled, shows the total value of goods purchased during that month.

A second book, known as a "cost"

Supplies—Housekeeping

| Date 1946 | Vendor | Jan. $ c | Feb. $ c | Mar. $ c | April $ c | *Balance* $ c |
|---|---|---|---|---|---|---|
| Jan. 1 | Stock on hand $140..... | 30.00 | 30.00 | 25.00 | 25.00 | 30.00 (3) |
| " 31 | C. Brown & Co..... | 6.10 | 5.00 | 3.00 | 2.00 | 4.00 (2) |
| | .....& Co..... | 2.00 | 1.00 | .60 | | |
| | .....& Co..... | 6.40 | 3.20 | 2.00 | | |
| | .....& Co..... | 10.40 | 5.00 | 3.00 | | |
| | TOTAL..... | 54.90 | 44.20 | 33.60 | 27.00 | 34.00 |
| | | Feb. | Mar. | April | May | *Balance* |
| | Balances Forward..... | 44.20 | 33.60 | 27.00 | 12.00 | 20.00 (2) |
| | | | | | | 2.00 (1) |

book, should be kept. The cost book is a subsidiary of the expenditure control account. The cost book should contain a separate account for each expenditure item. Each account in the cost book is ruled as shown by the accompanying sample.

At the end of the year, the value of the housekeeping supplies on hand is distributed according to the probable life of the various items, and these items are brought forward. The item "C. Brown & Co." has been entered from the sample cost voucher previously illustrated. We will assume that the other items are entered from other cost vouchers for the same month.

When all housekeeping items in the month have been entered, the total of the first column shows the expenditures in respect to housekeeping supplies for the month, (in this case $54.90), and the other columns added together show the cost of housekeeping supplies still on hand (in this case $138.80).

After the month's entries are totalled, the first column shows the expenditures for the month in question, and the remaining figures are carried forward into the next month. But the heading for each succeeding month is moved to the left by one column because, as each month expires, the column heading moves forward one month in keeping with the passing of time.

The figures in the "balance" column are each divided by the bracketed figure shown in the illustration, and one month's estimated expenditure in each case is entered in the column headed by the new month, in this case, May. To illustrate: Our carry-forward figure in the balance column is $30 to be divided by 3. Therefore, $10 of this is estimated to be consumed in May, and $20 is carried forward, estimated to last for two more months. The item "C. Brown & Co." is $4.00 lasting two months; therefore $2.00 is entered in the May column, leaving $2.00 to last one more month. In other words, of the total figures entered in the "balance" column in January, $12 is estimated to be consumed in May and $22 is again carried forward.

The principle involved here is that all carry-forward figures are reduced each month in tune with the rate at which the goods are consumed.

The use of the foregoing system avoids the major task of taking complete inventories of stock at the end

of the year. The balance figures in each expenditure account indicate the value of that particular stock at the end of each month, and occasional physical checks of different accounts each month will keep a continuous up-to-date inventory.

The foregoing may appear to be complicated to those to whom it is new. However, once the principles are mastered, operation of the system is comparatively easy.

Accounting has a purpose. That purpose is to guide the hospital in economic and financial matters. Unless proper expenditure records are kept, a hospital which does well financially will be more beholden to "Lady Luck" than to efficient management if it is successful in avoiding serious financial difficulties.

A cure for poorly-paid nurses lies along the same route as the road to better hospital accounting records.

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# Training Auxiliary Workers

M. Louisa Parker

Requests for information on the organization and operation of the Parker School for Trained Attendants have prompted me to write the story of how it came into being and to tell something of its development during the past twenty-five years.

I have always had a strong conviction that it was the responsibility of the nursing profession to provide the right personnel for every type of care the sick of our community might require. Not all cases need the highly skilled attentions of the registered nurse. For those patients requiring more or less routine treatments, a less well-qualified person, a Trained Attendant, would usually suffice, providing that person had been thoroughly grounded in the limited knowledge it was important for her to have and so long as there was some form of supervision available. Another consideration of almost equal importance is the fact that there are a considerable number of inexperienced, older women who find themselves compelled to go out and earn their living. Those possessing kindly, suitable personalities, and with a heart for service, are indispensable and do fine work if one has the patience to teach them and if they have the pluck and endurance to learn.

Following demobilization in 1921, the above considerations pressed strongly on me. I had had a lot to do with V.A.D.'s in the military hospitals and had found that, though inadequately prepared, they could be taught to be a real help. Before commencing the Parker School, however, I paid a visit to Miss Henderson who had started the Y.W.C.A. course for trained attendants at the Ballard School in New York. Miss Henderson, after showing me what she was doing, was most emphatic in pointing out three possible dangers in the provision of this type of training:

1. That the women, after qualifying, might attempt to pass themselves off as graduate nurses. The public frequently identifies the nurse by the *white* uniform, so precautions should be taken against the trained attendants being so garbed.

2. That where they received all of their instruction in general hospitals, whether a regular school of nursing was conducted or not, some of the trained attendants might conceivably call themselves graduates of that hospital.

3. That serious results might follow if there was no supervision or control over the types of cases on which the trained attendants were sent, their deportment, etc.

These points I have borne in mind throughout the years. In inaugurating the Parker School for Trained Attendants, I stipulated that the instruction

must be given by a professional, registered nurse; that there must be adequate supervision and control through the use of a contract which would bind each pupil to wear a special *colored* uniform, a badge marked "trained attendant", to take only such cases as they were qualified to handle, and to keep their work up to the standard set in their course.

The various trials and opposition which usually beset a new development marked the early years of the Parker School. The nursing profession was timid about acknowledging the value of the work and it was not until 1943 that the School was officially recognized by the Registered Nurses Association of the Province of Quebec. However, very early in its development, the patronage of a considerable group of the medical profession was secured. With their recognition assured, the school has flourished.

So much for the historical background. Now let me tell you something of the methods that have been followed. It was soon apparent to me that if these women were to work in the homes, they should be taught in surroundings simulating as far as possible the simple home, with none of the elaborate equipment available in hospital. A Chase doll was procured but is used very little as the pupils practise almost all of the procedures on each other. So they give each other bed-baths, alcohol rubs, wash the hair in bed, apply mustard plasters, etc. For enemas, they practise with a glass model of the large intestine which I invented for this purpose. The pupils find this all most enlightening and interesting.

The school functions in a six-room apartment consisting of a large classroom, a large demonstration room, three bedrooms, kitchen, linen cupboard, and bathroom. The bedrooms are occupied by out-of-town pupils who pay a small rental and so help expenses. The pupils are taught the care of all of these facilities. Proper bed-making can be practised here and inspections are made each morning as different pupils have an opportunity of participating.

In the selection of applicants for admission to the school, no rigid pattern of requirements was laid down as to educational qualifications. Accepted applicants must have enough preliminary education to be able to understand the subject matter as it is presented to them and they must be able to write a legible, intelligent report of their case for the doctor. The majority of the pupils have had over Grade VIII standing. Much more stress has been placed on the right sort of personality. Cheerfulness, reliability, honesty and a genuine sympathy for sick people have been the characteristics stressed. To determine the personality of each applicant, she is asked to submit the names of two business men or women, stating the length of time each has known her. If she has been previously employed, the name and address of her last employer must be one of these two. These persons are approached directly for references. A physician's certificate of good health is also required. A report on an x-ray of the chest has been considered, but so far has not been required. Of more than nine hundred graduates from this school, only one has later developed tuberculosis.

From the first it became apparent that these pupils could not be taught on the same level as students in our schools of nursing. It would be like trying to teach high school and kindergarten pupils the same material, for the trained attendants literally *are* the kindergarten group of nursing. Therefore, the lecture material is very much simplified with endless repetition of the pertinent facts until the class has grasped them. I discarded textbooks and worked out my own material, constantly keeping it up-to-date as new developments came along. This material is being prepared in mimeographed form now, though previously I spent many weary hours dictating it while the pupils laboriously copied it in pencil. Each evening they re-copy the material in ink into a loose-leaf book which then becomes their reference book and text. This book is always taken with

them on their cases. The rest of the morning is spent in demonstrations and during the afternoon they practise on each other under supervision.

As we have no facilities for teaching invalid dietary in this school, the pupils are given ten excellent lessons by a well-qualified dietitian. This arrangement has worked remarkably well, but it is my belief that normal nutrition and diet therapy should more properly be included through an affiliation with a convalescent hospital which has the proper teaching facilities. In this way the pupils would not only get the theory but would also have practice in preparing the food and serving it It is not intended that the trained attendant would take over the preparation of the meals for the entire family when she goes into a home, but she should know how to prepare her patient's food and serve it attractively.

Baby care is considered as a special branch of service. To be skilful at it, the trained attendant would require much more instruction than can be included in the five hours of lectures and demonstrations given by a nurse with many years of experience in Foundling Hospital work. Our graduates are only permitted to give immediate postpartum care. Only women who have had previous experience with infants, either their own or others, are sent out on these cases.

The importance of being able to report the patient's condition accurately and concisely to the physician is stressed. I prepared a special simplified form of chart which the pupils are taught to use by taking and recording their working partner's temperature, pulse, respiration, etc. Augmenting this, a simple diary of treatments, medication, etc., is kept for the patient in the home. I believe that this formal recording is not only useful for the doctor but serves also as a protection for the patient and the attendant.

The supervision and control of this group must be of a very democratic nature. It must not be so confining that it breeds discontent or an inferiority complex. There should not be any condescension in its administration; rather, it should be a firm yet co-operative extension of the period of learning. This is accomplished by requiring the attendants, for the first six months of actual practice, to send all the sheets of their charts and diaries to me for notation and possible correction. Thus, I know just what they are doing and how they are doing it for this whole period. Moreover, during this six-month period, the attendant, when leaving the case, hands either the doctor, the registered nurse if there was one on duty, or the patient, a special report sheet which I have developed. This form asks for comments on such points as: adequacy of nursing care, planning of work, tidiness of work, attention to patient's comfort, punctuality, amiability, tactfulness, personal appearance, etc. With this record is given a stamped envelope addressed to the registrar (a graduate nurse) who has sent the attendant on the case. The registrar forwards the report to me after noting such information as length of time on case, etc., and I file it with the attendant's other records. When the attendant has done six months' work with satisfactory reports, she sends me a complete account of her work, summarizing the various cases. Actually she is allowed two years in which to complete this aggregate of six months' active duty since she may not be continuously employed. The diploma is not granted until the successful conclusion of the whole learning period.

The importance of a special colored uniform, of registered design, cannot be over-stressed. It must be as different as possible from that worn by a registered nurse or by a maid so that it may be readily recognized by the public as identifying a special type of worker. The uniform must be attractive, readily laundered, and well-fitting. Our attendants wear a registered uniform of Alice blue with a smart white apron, a white lawn 'kerchief, and a white organdy veil similar to that worn by the St. John Ambulance Home Nursing Brigade members. Our veil is distinctively

marked with a half-inch blue band worn across the head to which their badge is pinned, and blue tips on the back points. The uniform has short sleeves with smart, two-inch white bands buttoned on just above the elbows and a blue chevron bearing the letters "PTA" on the left cuff. They wear white shoes and stockings. The badge is a small gold shield with a small red cross centred. The word "Service" (the school motto) appears above and "Trained Attendant" below the cross. The attendant's name and badge number are engraved on the back. Gowns are provided for use when the worker is assigned to a case of communicable disease.

We have our own registry which functions on a 24-hour basis, run by registered nurses of wide and varied experience with the public. They know each attendant, her qualifications, experience, and ability. When a call is received, the type of care required is noted and the attendant is especially chosen for each case. The fact that we cannot begin to meet the demand for trained attendants would seem to be an indication of the regard in which they are held by the medical profession and the public.

Since registered nurses who are familiar with the teaching program are always on duty at the registry, they are available for consultation and advice should the attendant be baffled by any orders she receives. There are many treatments which are not considered within the scope of the attendant's services, such as catheterizations, bladder irrigations, etc. Should these be ordered, the trained attendant has immediate recourse to the registry for backing in her refusal to perform these treatments.

Very occasionally complaints are received from doctors, from private duty nurses, or from patients. Every complaint is thoroughly investigated by a special committee consisting of two registered nurses and the president of the Association of Trained Attendants of the Province of Quebec, the graduates own association which I sponsored in 1927. Where merited, punishment is given as provided for in the contract which each signs.

Our professional organizations, both provincial and national, have given considerable thought to the training of this class of worker in the past few years. Various names have been suggested by which this level of workers may be identified, I preferred "trained attendant" to "practical nurse" because in so many instances the latter are far from being truly "practical." Since the graduates of this school are trained to care for the sick in their homes, the term "nurse's aide" does not apply; frequently no professional nurse is on the case. Neither are they qualified to function as "visiting housekeepers."

Although this course as given at the Parker School has achieved reasonably gratifying results in meeting community needs, it could, of course, be augmented by a further period of instruction, as has been suggested. If provision were made for the attendant to work in a convalescent hospital under the direct supervision of a registered nurse, this additional experience could be made a profitable learning opportunity. Similarly, the attendant's value as a worker would be increased were she to spend a definite period in a maternity hospital or in an infant's hospital. Three months in one of these institutions, plus three months' service in private homes, would doubtless prove more valuable than the present six months which has been noted above. In any of these institutions, the nurses supervising the attendants should be familiar with their background course and prepared to build upon their limited knowledge. If, after reviewing this description of the Parker School, nurses from any part of Canada desire more information, they are cordially invited to correspond with the author at 381 Elm Avenue, Westmount, Montreal 6, P.Q. They would be heartily welcomed at the school to observe the program in operation, how the classes are taught, the record system used, and to secure any assistance the author is able to give should similar schools be sponsored elsewhere.

# Four Years Under German Occupation

CECILE MECHELYNCK

ALL THE BELGIAN NURSES are extremely grateful to the Canadian and American nurses for all they have done since the war is over by sending packages of food and clothes. Many packages, taking such a long time to come, are arriving this spring only. As the situation in Belgium is so very much improved, we do feel now that it is better to send these packages to countries that are more needy than Belgium, like Holland, Poland, Finland, Czechoslovakia, or France.

What will interest the nurses most is word of the conditions in hospitals. When the German army arrived in Brussels they at once took over several of the hospitals, so that the hospitals which remained to the civilians were extremely over-crowded. My own hospital, which is the University Hospital St. Pierre in Brussels, had 650 beds pre-war, but we had an average of from 750 to 800 patients which means that we have been adding beds in every available place—in the sun-parlor, extra beds in the wards, and later one of the clinics was turned into accommodation for bed patients. Even this was not enough and we had to utilize some convalescent homes, and schools were adapted as hospitals for this purpose. This means that we had only acutely-ill patients in the hospitals; the turnover was very great, the social service in the hospitals was extremely busy, and we also increased the bedside care for the indigent patients in their homes. Our out-patient clinic was very well attended and the pre-war average of 700 to 800 patients a day went up to 1,200 or 1,400 a day. We suffered a shortage of linen, drugs, and especially food. The official food ration was 1,200 calories a day but dropped down to 900 when the ration of potatoes was not available. Fat and protein were lacking for the growing children and adults. The lack of milk was quite a problem. Children under three years of age were the only ones allowed whole milk; between three and six years and people over seventy years had some skimmed milk. In hospitals, whole milk was kept for the very sick patients, others had skimmed milk, and the nurses only got skimmed milk when some was left over from the patients. One of the things which saved us was the miraculous catch of herrings in 1942 and 1943. They provided for the fat and protein lacking in our diet.

To keep people alive, everybody went to the black market. This needs a word of explanation because the black market was not quite what you think it was. Most of the food that went on the black market was taken away from the Germans, and really it was the only way of keeping us alive or in health. In spite of this, most of the people lost a good deal of weight. Ten per cent loss of weight was normal, or considered normal by the doctors, but many people lost 25, 30, and even 60 or 75 pounds. However, the situation has improved now so much that many of the people have regained most of their loss.

The Gestapo, the German police, interfered in the life of nearly every citizen. During day or night you might always expect the visit of one of these unsolicited visitors for any sort of unknown reason. On the radio, you could only listen to the German stations. If, for instance, one was listening to B.B.C. that was reason for being taken to prison; still, everybody listened to B.B.C. but had to be careful not to be caught by the Germans. In many instances, the Germans arrested people. I once had a Gestapo visit to the nurses' residence. They arrested six nurses at that time. Some were released but one was given four years' hard labor because she was found guilty of giving out underground papers.

Altogether I had eight nurses on the staff deported to Germany, and we were sad to lose three of them who died in German concentration camps. Two of them were Jewish nurses and the Jewish people have suffered most terribly from German occupation. The chaplain of the hospital died also in a German concentration camp, several doctors were deported, one was shot, and this being only on the staff of one hospital will give you an idea of the way the people have suffered in general all over the countries occupied by the Germans. Recently I met two Norwegian nurses, travelling, like myself, as guests of the Rockefeller Foundation, and they said that in Norway the Germans behaved exactly the same way.

Nurses in Belgium have suffered through the lack of uniforms and good professional shoes. As white shoes and stockings could not be obtained, many nurses had to wear colored stockings and perhaps white canvas shoes with wooden soles. In many instances nurses were seen working bare-legged. The washing of the uniform was another problem as starch was entirely out of the question. That and the lack of soap was not only a personal problem, but really a national one as there was very little toilet soap and no household soap. The lack of soap brought to the population a new problem. Scabies and pediculosis are diseases which re-appeared and a special treatment section had to be organized.

Despite the difficulties and hardships, we are proud to report that we have been able to maintain the 44-hour week for all the graduate staff and for our student nurses. Their education has not been too much handicapped by the war, as we have carried out our previous program.

A special committee has been set up to help feed the population and has especially done a lot for the school children and expectant mothers. Food was bought and brought to the country from Portugal and Hungary. On account of that the children have suffered less than they normally would have without the extra food.

After four years of occupation, the Belgian people, though suffering terribly during the bombardment, rejoiced when the country was delivered from German occupation. The day the troops entered Brussels was really one of the greatest in our lives. The soldiers themselves who entered the city that day will, I think, not forget the way they were received by the Belgian population. Some towns suffered very severely during the last months of the war, like Antwerp and Liege. After quite a severe winter, 1944-45, things improved much and the food situation is actually very much better. The country at large is at work and there is very little unemployment. Our great harbor, Antwerp, which was a great help to the allied armies in 1945, is to be cleared of all the war debris, making possible greater export and import.

In the name of the Belgian nurses, I want to take this opportunity to express our heartiest thanks to the Canadian and American nurses for all the help they have given us and for all the sympathy they have shown to their colleagues across the Atlantic. It shows, once more, that the nurses all over the world are united and only members of one big family.

## Preview

Very much to the fore these days is the drive to come more seriously to grips with that insidious foe of mankind—cancer. One of the most forward steps in recent years, in the diagnosis of uterine cancer in particular, has been the development of the cytology test. Since the early diagnosis of cancer is such an important factor, nurses will read with interest the detailed description of this test which has been written by **Dr. J. Ernest Ayre.** Dr. Ayre is director of the Gynecytology Laboratory at McGill University.

Contributed by Hospital and School of Nursing Section of the C. N. A.

# The Eight-hour Day for Student Nurses

B. ORLO MACINNES

AN EXPERIMENT in the eight-hour day for student nurses was started in April, 1944, at the Children's Memorial Hospital in Montreal. It is now an established practice. Minor changes have been, and will be made, but the scheme is working smoothly, and no substantial changes are anticipated.

The hospital is the training centre for undergraduate students, seventy-five in number, who affiliate from twenty schools of nursing in Quebec, Ontario, New Brunswick, and the Eastern States. The turnover is, therefore, very great, about one-third of the students entering the first of each month for a three-month course in pediatrics. The rotation which we arrange provides for service in the infant, medical, surgical, and orthopedic wards. A certain number of the students change to a new service each week.

In the beginning the difficulties of the plan were quite obvious, but we soon found many of these difficulties disappeared for one of the advantages of the eight-hour day is its flexibility; hours can be readily changed to meet ward needs. It was several months before many of its advantages became apparent.

The main reason for instituting the plan was that too many nurses were inadequately used during slack hours, and that on an eight-hour day they could be placed to much better advantage, where and when needed, with a corresponding reduction in staff during the slack hours. A secondary reason was our conviction that the eight-hour day is inevitable.

The chief difficulty was the lack of experimental facts concerning the number of extra nurses we should need. Experience did prove that we needed more, particularly on the smaller wards, but not as many as were anticipated. The number required would have been too great if *all* the students were given a straight shift, which, of course, is ideal. Since this is impossible, an earnest attempt is made to give each student a fair proportion of the straight and split shifts. Special planning of ward routines is necessary to give the students a minimum of broken shifts—the needs of the patient, of course, determining the hours decided upon.

To ensure fair distribution of hours, a large chart is kept on which is marked with colored pencils the hours each student works each day during her affiliation. This chart is used by the supervisors and head nurses when assigning the hours.

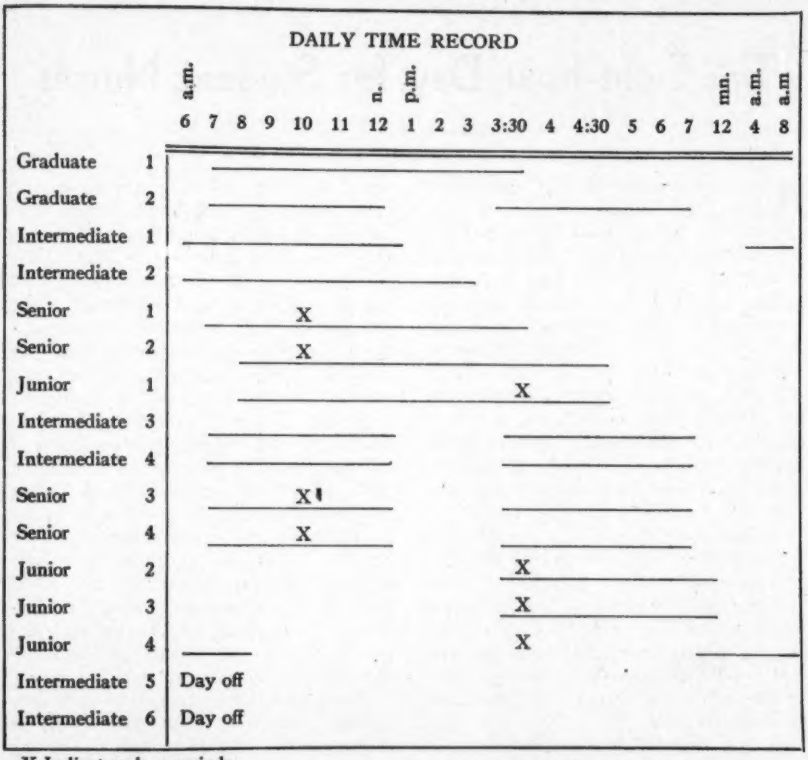
By actual count, 75 students over a period of nine months averaged the following hours during their 92-day affiliation: straight shifts, 58 days and nights (average of 12 nights); split shift, 20 days; days off, 12 days; sick time, 2 days.

The straight shift was mainly 7-3:30, 8-4:30, 3:30-12, and 12-8. A few wards find it necessary to have a nurse

come on from 6-3, another ward needs one from 4 a.m. to 12:30 p.m., and still another from 1 p.m. to 9:30 p.m. However, these are the exceptions. The split shift was almost invariably 7-12 and 3:30-7.

The usual plan of hours on an active medical ward requiring 14 nurses is, therefore, something like the schedule illustrated.

It will be noted in the plan that the graduate staff are not on a straight eight-hour day. This is because they much prefer a 96-hour fortnight with two week-ends a month from Friday at 4 p.m. till Monday morning, and a day off during each of the other two weeks. Half-days on holidays and a 31-day summer vacation are also considerations.




X Indicates class periods.

## Advantages of the Eight-Hour Day Plan

*To the patients:* The sick child has a nurse who is not over-strained and tired. Even a convalescent requires one whose patience has not been tried to desperation by constant demands.

*To the students:* (1) It raises her morale and, therefore, her standard of care. (2) The longer hours with the patient, combined with the patient assignment method, increases the student's sense of responsibility, so that she is able to give exact information to her relief. (3) Increases her time off duty—in consecutive hours during the day, and more days off during the month. Frequently she is given 48 hours off over the week-end with the privilege of sleeping out. Where practicable, choice of days off is given. (4) The majority of lectures come during the working hours.

(5) The result of all this is that she gets more sleep and we have found that the average of days lost through illness has been substantially lowered.

*To the head nurse:* (1) Hours are assigned for the week on Monday and this eliminates the necessity for a morning struggle with the daily time slip. It has been found that very few changes are ever required. (2) Patients can be assigned to the same nurses for the week which makes for economy of time and energy in ward supervision. (3) More time and opportunity is provided for individual instruction. (4) It is easier to keep the ward "covered", since it provides for over-lapping of the nursing personnel during lecture periods and peak hours. (5) It obviates the necessity of a complete change of staff at 7 p.m.

*To the teaching staff:* (1) It has made possible a concentrated orientation nursing course during the first two weeks of the students' affiliation. (2) Since there are only a few nurses on the 12-8 shift, the number of late afternoon classes is much reduced and more are held in the morning. (3) Since the students have more sleep in bed there is less in class and this is a great comfort to the lecturer. (4) Since the rotation of the students throughout their affiliation is arranged by the teaching staff, a close correlation of lectures and ward experience is feasible.

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# Impetigo in Infants

FRANCES GILMOUR

THOUGH FAR LESS COMMON than formerly, occasional epidemics of impetigo occur in the nurseries of hospitals. There is, naturally, great concern when even one case appears. It is customary to close the ward to new arrivals until all cases are discharged and the rooms, furnishings, etc., have been disinfected. This usually takes at least ten days to two weeks. This curtailment of available space presents a serious problem today, when the obstetrical department is one of the busiest services in our hospitals. Every precaution, therefore, which will help to prevent the appearance of impetigo among the infants, should be observed.

Impetigo in infants is generally caused by the *Staph. pyogenes aureus*. Since these organisms would have to be carried into the nursery for an epidemic to start, prevention includes such practices as: (1) Forbidding anyone to enter the nursery who has a pyogenic skin lesion; children in particular should be excluded from the maternity division. (2) All attendants, including the physicians, should wear gown and mask while in the nursery. An additional safeguard is provided by the wearing of rubber gloves. (3) The mother's hands should be thoroughly washed before each feeding. Routine care of the breasts includes washing them with soap and water each morning and a pre-nursing sponging with boracic or a similar solution. (4) Every care should be taken to avoid irritating or traumatizing the infant's skin. Many physicians direct that no soap and water baths be given until the baby is to be taken home.

The commonest areas to be infected in impetigo are the exposed parts—hands and face—but in infants the lesions may be found on any part of the body. In the newborn, the lesions usually cover a larger area. The term *pemphigus neonatorum* is used to designate this condition. Since the infant's skin is so very sensitive, the customary treatment with even a very weak ammoniated mercury ointment may prove too irritating. If there is a large area involved, the use of this ointment may produce symptoms of

mercury poisoning. If to be used, an ointment containing 3 per cent ammoniated mercury is commonly ordered. Alternate treatment consists of painting the lesions daily with a 2 per cent aqueous solution of gentian violet or a 5 per cent concentration of silver nitrate.

Among the wide variety of uses for which penicillin is now being tried is a study of its action in impetigo. A prescription which has been tried with considerable success is to add Sodium Penicillin, 100,000 units, to 20 cc. of distilled water. This is added drop by drop to 30 cc. of Amphojel, shaking it vigorously with every drop. It is administered by adding 2 drams to every bottle of formula and given routinely to each infant not being breast fed. The hospital where this prescription is being used reports that skin eruptions no longer occur among the newborn.

## Penicillin to be Made in Europe

Penicillin will be continuously available in several European countries as result of arrangements which are being made in co-operation with the Canadian Government. In at least three countries the governments will set up and operate plants to manufacture the drug, under plans obtained and supplied by UNRRA. Czechoslovakia, Poland, and Yugoslavia will set up the first plants, and other countries may join in the program later, though this has not yet been decided. The plans supplied by UNRRA to the countries are designed to implement production of fifteen to twenty billion units of the drug each month from each factory.

The entire project is an international one. The plans were obtained through co-operation of a Canadian laboratory now manufacturing penicillin. The vats, tanks, and other component laboratory parts will be secured by UNRRA in the United States. The three governments will obtain or erect the necessary buildings. Each of them will send to the Canadian plant two men, well-qualified in scientific research and production, who will spend from four to six months in study and training, then will return to their respective countries to act for their governments in setting up and operating the plants.

The reason the governments requested the aid in setting up the plants is that they fear that when UNRRA ceases operation at the end of 1946 they will be cut off from penicillin supplies. UNRRA is now furnishing about fifteen to twenty billion units of the drug per month in each country as part of its medical program. None of the three countries has adequate funds or foreign exchange to continue purchases at this rate after 1946.

—*UNRRA News*

## Shoes and Stockings Needed

An appeal has come from the nurses of Greece for shoes—any kind of women's shoes. White, black or brown; in good or poor repair —shoes are needed. Dozens of nurses are wearing old remnants of shoes that you would not consider fit even for slouching around in the privacy of your own room. It would be a splendid gesture for every hospital in Canada to round up all of the extra pairs of shoes that are no longer being worn, make sure the shoe-laces are satisfactory, do a little shoe-shine job, then parcel them up and mail them to the address given.

Stockings also are needed by the nurses in Greece. Do we hear you say you need stockings, too? But these people we are talking about have none, absolutely none. They have been quite ingenious about making stockings out of old pieces of cloth but they would greatly appreciate receiving the ones you are discarding. No, you do not even have to darn the holes before you send them.

Send your parcels of shoes and stockings, marked "used clothing", by mail to: **State School for Nurses, St. Lampsakou 7, Athens, Greece.**

Contributed by the Public Health Section of the Canadian Nurses Association

# Field Problems in Orthopedic Treatment

FLORENCE E. C. REID

IN THE FOLLOW-UP WORK of the orthopedic patient our field nurses meet with many problems. They are likely to find themselves at a tremendous disadvantage because of their lack of professional equipment and they fail to place emphasis where it is so sorely needed. Herein lies one of our most acute problems—one that only our profession as a whole can solve.

Our country is young and very small when it comes to population and experience. The vastness of our expanses tends to spread available services very thinly. Well-drawn plans that will meet the situation in one province will not lend themselves in another where geographic and census problems are different. Yet, given the basic equipment of a sound training that brings to the fore problems covering the entire span of orthopedic treatment, our nurses will always find a way to meet a need in spite of differing obstacles.

A bird's eye-view of any specialty lends one no vantage point in dealing with specific problems. Training must be definite and continuous. Perhaps in no other branch of care have there been more changes with the years than in orthopedics, and methods must be understood if the field assistance is to be effective.

A review of some of the conditions challenging the visiting nurse's attention may serve as a yard-stick in measuring her success. A well-marked yard-stick can be acquired only by close and repeated contact with the centres of orthopedic practice. Are our public health nurses getting these contacts? Is it fair that children, cared for by skilled specialists, whether at the expense of the public or the over-taxed parents, should suffer relapse, or incomplete treatment, or retarded progress actually under the very eye of their own home public health organization? Just as there is a difference between apparent health and total health so there is a vast difference between recovery and possible total recovery.

There is the problem of the weight-bearing caliper which may be worn by the child recovering from one of many serious conditions. True, the parent has had its use explained in detail; but once the child is at home the urgency seems to slip and detail becomes distorted. Aunt Jane or the family help may be unable to see the necessity for continual care and misplaced sympathy creeps in. A few steps on that little foot itself won't matter; and then a few more until hours, if not days, may add up. Perhaps the brace is worn all the time but before many weeks the rubber heel has worn down and the points of the caliper are allowed to strike the floor with each step. A very important mechanical function is lost; then snap goes the pivot which extends into the heel-tube and a good excuse has been found to lay it aside. At

least it will have to go in for repair. What of the intervening period? Mother understands that the child must stay in bed, yet one more person sharing that understanding can lend the offsetting influence toward the rest of the environment that is non-conducive, if not antagonistic, toward the prolonged treatment. Where better can she look than to her own public health nurse for support and guidance? Equipment kept in repair can save so much unnecessary expense and delay. Often the problem of maintenance is too large for the family without assistance. Actual assistance may be too remote. The weight-bearing ring may become too small or the child may have lost weight, allowing the brace to slip down and lose its weight-bearing function. Probably by now the child should have returned to the hospital or clinic for further care but a few more weeks slip by. Home problems loom so large! Should they, or would they, if the watchful eye of the public health nurse is ever alert to the situation?

The congenital club foot case under treatment today is less of a problem than formerly; but because the correction is made more quickly, and the parents' fears allayed more readily, perhaps the tendency to neglect return visits or prescribed home treatment can be more readily fostered. Often a father in a clinic is heard to say, "Yes, when I'm in here with you folks talking like this I can see it all; but when I get out there with everyone thinking something else, I'm darned if I can see it either!" Does he need an occasional visit from an understanding nurse? Return visits covering a period of six years is a tremendous allotment for a parent to face, especially if distance runs into hundreds of miles as it does in many instances in Alberta; but there is always a way when heads get together. The nurse will not be expected to know how to do the manipulations that the mother has been taught to do but she will be expected to know their importance. She will understand that when a mother is laid up with illness someone else must be taught how to carry on the case. When new boots are needed, a return visit is indicated, as there may be a change in prescribed alterations the importance of which only the trained eye can see.

The victim of poliomyelitis is today receiving more intelligent community interest than ever before. Our nurses, too, are going out remarkably well equipped to understand his problems. Treatment is available and there is little rest in the district until it is obtained. On his return home he will be given instructions to continue some of the exercises he has learned in his muscular re-education. Again he will have the advantage over the nurse in that any "inside information" he had, has been interpreted to him and he really knows what he is doing and why. He will take much pleasure in demonstrating to an intelligent, concerned audience. An early visit of the public health nurse for this express purpose will lend emphasis and aid him in the problem of "getting set" in his routine in new surroundings. Then on a later visit, she will be the better able to judge his progress because of this preliminary contact. Equipment here may also be a problem as many must wear braces or belts. Return visits are always indicated and this need may extend throughout life.

The case with which the nurse will feel most helpless is the child with cerebral palsy, acquired or congenital, more often, but incorrectly called spastic paralysis. There have been too many blanks in the nursing training in the past to afford the public health nurse much insight into problems arising from these cases. We are entering on a new era—one in which we must tackle the problem at hand while research is grappling with the preventive aspect. Today, much literature is available on this subject and each orthopedic centre is alert to the gigantic task confronting the workers. There are many needs and shortcomings. The public is not prepared to face the financial responsibility

largely because they do not understand. There is not nearly enough specially-trained professional help; and this involves medicine, nursing, physiotherapy and teaching jointly.

One has but to become slightly acquainted with the life and work of a great man like Dr. Carlson, himself a spastic paralysis victim, to realize the awful tragedy of a keen and sensitive mind left undeveloped behind the mask of uncontrollable muscles. These children live in a world of external confusion, brought about through the complete lack of understanding and feelings of frustration of their parents and relatives. Victims of this condition state that they have recognized this seeming chaos even at five years of age and flounder about attempting one way or another to make the same appeal and receive the same response as the normal child.

Fortunately today many of them are expressing themselves and thus aiding in research. Most helpful articles will be found in such papers as *The Crippled Child*, *The Spastic Review*, and many other journals. Too much attention cannot be paid to gathering this information as the nurse herself must be fortified with an understanding mind if she is to lend any aid or even avoid adding to cruel shock where all mental shock-absorbing mechanism is non-functioning.

In Alberta, our distances are extensive and our population small—our province young. We have no Society for Crippled Children as Ontario has, with an excellent staff of instructors. We have our health units and districts and we look to their nurses. Our organization is in the making. With one nurse specialist in the field, busy chiefly with health education in the schools but actively maintaining contact between clinic and public health nurse, the problem is gigantic. As population increases and districts become smaller, and as our orthopedic centres expand their organization, a closer tie-up will evolve.

Our districts look to our public health nurses for health education and guidance. This assistance must extend into the field of orthopedic work but the nurses' preparation can not remain incidental.

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## The Spastic Paralysis Society of B.C.

Less than a year ago, there appeared in a Vancouver newspaper a quiet appeal from a troubled parent asking for contact with other parents of spastic children. From all over the city and province came letters telling of spastic children and their individual problems. These were the testimonies of parents who, although resigned to the hopelessness of cure, were convinced that something could be done to ease the burden carried by their unfortunate children.

From that small beginning developed an organization for parents of spastic children. Into a small room one evening crowded a group of intense people, eager to share their varied experiences. Despite the diversity of background and outlook, there evolved from that group an infant society determined to improve conditions for the cerebral palsied child.

Events moved quickly from that first organization meeting in April, 1945. An active publicity program brought the problem of the spastic child to the attention of the public. Letters reporting cerebral palsied children continued to arrive from every part of the province. From interested individuals and philanthropic groups came concrete expressions of their interest. In November, 1945, final recognition of the group was accomplished through its incorporation as "The Spastic Paralysis Society of British Columbia."

By this time, the early enthusiasm of the group had been tempered by a mature realization of the complexity of the problems it faced. Along with the inevitable growing pains there had developed a breadth of perspective. The cerebral palsied individual was considered no longer an isolated cripple. As a member of a group, his individual problems were now the problems of others like him.

Through group action there was a greater chance for his happiness.

This parent organization is a unique approach in Canada to a solution of the problem of cerebral palsy. Through the efforts of the society, 250 cerebral palsied individuals have already been reported in the Province of British Columbia. Wherever possible, these individuals are encouraged to attend the meetings and social events of the society, alleviating their social isolation.

The main objective of the group is "to promote and further the welfare of cerebral palsied children living in the Province of British Columbia." Considerable progress has already been made towards the provision of more adequate treatment and educational facilities. Even at the present time, two Vancouver Service Clubs are conducting a drive to raise funds for paralysis victims (spastic paralysis as well as infantile paralysis).

One of the worthwhile contributions of the society has been the valuable encouragement it has given to its members. Through a pooling of ideas and problems, the parents are inspired to return to their homes and to carry on their painstaking teaching with new vision and confidence.

Individual efforts can be united to bring about a more effective solution of a common problem. The Spastic Paralysis Society of British Columbia may well be commended for its able and practical demonstration of the co-operative method.

## Home Pasteurization of Milk

Farm families and others who do not have access to commercially pasteurized milk can protect themselves from brucellosis (undulant fever), typhoid fever, paratyphoid, septic sore throat, diarrhea and other diseases conveyed by raw milk, by pasteurizing the milk at home.

The following directions for home pasteurization can be carried out by any intelligent person who possesses an accurate thermometer:

1. Heat the milk in the top of a double boiler or in a saucepan which has been placed in a larger pan containing water. Do not apply heat directly to the container of milk.

2. Place a clean thermometer in the milk and stir the milk continuously and gently with a clean spoon. Watch the thermometer and heat the milk quickly to 160° F.

3. As soon as the thermometer reads 160° F. remove the container of milk from the water bath and place it immediately in a pan of cold water, preferably water containing ice.

4. When the milk has been cooled to 50° F. place it in the refrigerator. If the milk is poured into another container before placing it in the refrigerator, be sure to scald the container with boiling water first.

5. If you do not have an accurate thermometer, do not guess at the temperature but boil all raw milk.

—*California's Health*

## Special Convention Issue

Again, as following previous conventions, the pages of the September issue will be reserved for a complete report on the Biennial Convention of the Canadian Nurses Association. Regular subscribers will, of course, receive this greatly enlarged issue. There are hundreds of nurses in Canada, however, who do not receive the *Journal* each month. In order to be able to form some estimate of how large a run will be required, individual orders for copies of this special convention issue should be placed by August 15, 1946. Assistance can be given by every reader, in calling to the attention of her associate the urgency of ordering copies of the September number early. The paper situation is still sufficiently difficult that only a small number of extra copies can be ordered each month. To avoid disappointment, place your order immediately. Single copies of the convention issue will sell for fifty cents each. Order extra copies at once to avoid disappointment.

# AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

## L'Orientation à l'École des Infirmières

GISÈLE DESMARAIS

*Note de la Rédaction:* Dans l'article du mois de mai l'on vous parlait du recrutement des infirmières, des pertes que subit l'école par suite d'un grand nombre de départs pour cause de santé et pour autres causes. Cet article nous démontre que "l'Orientation Professionnelle" par une série de tests peut jouer un grand rôle en nous révélant la valeur de notre personnel et ses chances de succès. Ces tests pour avoir quelque valeur doivent être interprétés par un psychologue bien qualifié.

SI LE CHRONIQUEUR veut écrire l'histoire de l'Orientation Professionnelle, il doit remonter dans le cours des siècles jusqu'au premier homme et reconnaître comme premier maître, "le Dieu Créateur", et comme premier sujet orienté, "Adam", notre premier père. En effet, Dieu voulant donner une âme à sa création, fit d'un souffle divin le plus magnifique chef-d'oeuvre humain, "Il créa l'homme." Et le Seigneur dans sa grande bonté, voulant que le fruit de son amour fut heureux, nomma l'homme le "roi de la création." Pour royaume il lui donna le Paradis Terrestre et pour compagne la première reine du monde.

A ce couple royal, il ne manquait qu'une richesse; la connaissance de l'Infini et parce que nous dit la Genèse: "L'homme dans son orgueil voulut posséder la même connaissance que son Dieu, il fut déchu et le Souverain Maître, dans sa colère, chassa sa créature de ce royaume créé pour lui et lui imposa en expiation de son crime la loi du travail et la loi de la douleur." Dès ce moment, la première larme humaine humecta le sol et le premier homme dut regarder l'avenir du genre humain et orienter ses aptitudes et ses activités vers un but défini.

Cette Orientation, de toute Eternité Dieu l'avait prévue, car au soir du sixième jour, quand Dieu, regardant le résultat tangible de son travail créateur, vit dans sa sagesse infinie la multitude humaine qui dans la succession des siècles passerait sur la terre, il désigna à chacun un rôle à jouer, un travail à exécuter et une vie à remplir. Et parce que Dieu de toute éternité a créé chaque être humain en vue d'une oeuvre précise, complément de l'Oeuvre Créatrice, *l'homme doit chercher sur la terre sa place marquée de toute éternité par son Souverain Maître.*

Cet historique, un peu fantaisiste, vous est exposé dans le but de démontrer le principe fondamental de l'Orientation Professionnelle qui repose sur cette vérité déjà énoncée: "Que Dieu de toute éternité a marqué une place pour chaque individu que à chacun il a donné des dons particuliers; que vous possédez des aptitudes spéciales que je ne possède probablement pas et que par contre, moi j'en possède d'autres que vous n'avez peut-être pas." Si donc à sa naissance chaque individu reçoit en puissance des facultés particulières, des aptitudes, des goûts, un tempérament qui lui est propre, un physique qui n'est pareil à aucun autre, il doit par conséquent

orienter sa vie en vue de développer au maximum les dons qu'il a reçus et jouer dans la vie le rôle qui lui est dévolu. Et de là la nécessité d'une Orientation adéquate basée sur des principes scientifiques.

L'Orientation pratiquée d'une manière théorique est une science toute récente. La psychologie expérimentale par ses données théoriques et pratiques a permi aux savants de poser des bases adéquates pour orienter les êtres humains, en vue de permettre à chaque individu de développer au maximum les dons qu'il a reçus du Ciel; de vivre plus heureux en société, parce que mieux adapté et enfin de donner a son pays tout le rendement que celui-ci est en droit d'attendre de chacun des membres qui le compose.

Si nous reconnaissons que l'Orientation Professionnelle est une mesure scientifique nécessaire pour la société en général, comment ne reconnaîtrions-nous pas la nécessité de l'application de cette science, dans les écoles d'infirmières? Car plus que toutes autres femmes, la garde-malade a besoin pour remplir son rôle social de posséder toutes les qualités de coeur nécessaires à cette vie de sacrifice et de dévouement. Nous savons que par son contact journalier avec des personnes dont le psychisme est modifié par l'état physique, la garde-malade doit posséder un caractère et un tempérament capable de s'adapter aux individus malades et à des circonstances de vie difficile.

A cause de sa responsabilité auprès du malade et de la confiance que le médecin met en elle pour l'exécution du traitement, elle doit posséder un jugement sain, un raisonnement bien équilibré, un sens pratique toujours en éveil, de l'esprit d'observation, de l'initiative et enfin un tact et une discrétion à toute épreuve. Avec le soin du malade l'étudiante a un programme d'étude à suivre et pour réussir elle doit posséder un niveau intellectuel suffisant qui lui permet d'assimiler cette science et d'en faire l'application pratique d'une manière scientifique. L'Orientation Professionnelle au service des écoles de gardes-malades permettrait d'éliminer avant l'admission des élèves toutes celles dont le niveau intellectuel ou le tempérament ne répondrait pas aux exigences de cette profession.

Nous devons considérer que dans les principaux hopitaux américains les services d'Orientation Professionnelle (Vocational Guidance) sont établis depuis quelques années déjà. Les conseillers d'orientation font subir aux aspirantes gardes-malades les tests et les entrevues nécessaires à cet examen. Après étude des résultats, les conseillers jugent si l'aspirante possède les qualités psychiques et intellectuelles requises pour être admise à l'étude de cette profession. Dans la Province de Québec, nous possédons actuellement un matériel français, si-non parfait, du moins suffisant, pour nous permettre de faire l'orientation des élèves dans nos écoles d'infirmières canadiennes françaises.

Je ne pourrais exposer ici tout le programme d'un service complet d'Orientation Professionelle, mais je me permets de mentionner le travail fait en ce sens à l'Hôpital Sainte-Justine. Depuis un an et demi nous faisons subir un examen psychométrique à toutes nos aspirantes infirmières. Cet examen comprend des entrevues psychologiques; un test d'intelligence générale (Terman ou Otis); des tests de tempérament (Bernreuter, Allport, Vernon, Laird); un test d'attention et de rapidité; et enfin un test de sens pratique. En raison des débuts encore recents de ce service, il me serait difficile de donner dès aujourd'hui un rapport statistique complet des résultats obtenus au moyen de cet examen. Mais, je me permets de vous faire remarquer que les aspirantes qui présentaient à cet examen préliminaire une faiblesse intellectuelle ou un défaut psychique découvert au moyen des tests et qui ont été acceptées à l'école des gardes-malades nous procurent aujourd'hui l'occasion de donner un rapport approximatif des succès, et échecs probables d'après l'examen psychométrique.

D'autre part il aurait été injuste avant de connaître la validité des méthodes de nos tests de refuser à une jeune fille bien disposée une carrière

désirée et peut-être depuis longtemps rêvée, à laquelle cependant elle n'était pas destinée.

En attendant la réponse certaine que nous apportera l'expérience des années à venir voici un résumé des résultats obtenus après une période d'un an et demi. La compilation des résultats du Test de Terman controlé par le test d'Otis et subit par 65 élèves nous donne le tableau suivant:

| *Quotiens intellectuels* | *Nombre d'élèves* |
|---|---|
| Q.I. au dessus de | 140.....4 |
| Q.I. de 130 à | 140.....6 |
| Q.I. de 120 à | 130.....19 |
| Q.I. de 110 à | 120.....19 |
| Q.I. de 100 à | 110.....12 |
| Q.I. au dessous de | 100.....5 |
| Moyenne au dessus de | 115.....70% |
| Moyenne au dessous de | 115.....30% |

*Remarques:* Aucun insuccès n'a été noté, durant l'année, pour les élèves qui ont un Q. I. au dessus de 115. Cinq élèves ayant un Q.I. supérieur à 115 mais présentant un défaut de caractère ou une mésadaptation psychique n'obtiennent en études qu'un résultat moyen. Parmi celles qui ont un Q.I. inférieur à 115, onze donnent un résultat moyen en étude, trois donnent un résultat passable et cinq ont subi des échecs répétés aux examens de l'hôpital et ont du discontinuer leurs études. Ces quelques statistiques nous prouvent que la majorité des étudiantes gardes-malades ont un Q.I. variant entre 110 et 130. Que celles qui possèdent un Q.I. inférieur à 100 sont destinées à l'échec certain. Que celles qui ont un Q.I. inférieur à 110 ont peu de chances de succès. Et enfin que celles qui présentent une instabilité affective ou une mésadaptation marquée s'achemineront probablement vers l'insuccès malgré un Q.I. souvent assez élevé.

De cet exposé nous pouvons donc conclure que premièrement, si nos jeunes filles subissaient un examen d'Orientation Professionnelle à la fin de leur cours primaire, un grand nombre d'écolières indécises dans le choix d'une carrière ou ne connaissant pas suffisamment leurs aptitudes et devant choisir un état de vie, seraient par cet examen, éclairées sur leur possibilité de succès dans toutes les carrières féminines y compris celle d'infirmière et par ce fait augmenteraient le nombre insuffisant de gardes-malades compétentes et diminueraient le trop grand nombre des incapables. Deuxièmement, un service d'Orientation Professionnelle dans les écoles de gardes-malades permettrait aux directrices de ces écoles de faire un choix préliminaire des élèves tant au point de vue intellectuel qu'au point de vue psychique et cela même avant l'admission de celles-ci. On éviterait ainsi à un grand nombre de jeunes filles, une dépense d'argent assez considérable, une perte de temps quant à leur avenir, et l'humiliation inévitable des échecs.

L'école bénéficierait à son tour d'un standard plus élevé dans le niveau intellectual des élèves, d'une harmonie plus parfaite parce que tous ses membres seraient mieux adaptés et orientés selon leurs aptitudes et leurs goûts.

## M.L.I.C. Nursing Service

The following are the staff appointments to the Nursing Service of the Metropolitan Life Insurance Company:

**Appointments:** *Marguerite Ouellet* (Hôpital de l'Enfant Jesus) to the Montreal staff; *Simonne Patry* (Sacred Heart Hospital, Hull, P.Q., and University of Montreal public health course) as head nurse on the Montreal-McGill nursing staff; *Ghislaine St. Gelais* (Ste. Justine Hospital, Montreal) to the Montreal staff; *Berthe Therrien* (Hotel Dieu Hospital, Montreal, and University of Montreal public health course) as head nurse on the Montreal-Frontenac staff.

**Transfers:** *Alice Bastien* (Hotel Dieu Hospital, Montreal, and University of Montreal public health course) from the Quebec City to Montreal nursing staff; *Gabrielle Faucher* (Notre-Dame Hospital, Montreal, and University of Montreal public health course) from Sorel, P.Q., to Quebec City; *Cecile Richer* (St. Joseph Hospital, Lachine, P.Q., and University of Montreal public health course) from Montreal to Sorel.

# Interesting People

The sterling qualities of leadership possessed by the matron-in-chief in Canada of the R.C.A.M.C. were recognized when **Col. Agnes C. Neill, R.R.C.,** was awarded the honorary degree of Doctor of Laws, *honoris causa*, at the Victory convocation at the University of Toronto, in April, 1946. Col. Neill enlisted in September, 1939, and went overseas as matron of No. 15 Canadian General Hospital. In November, 1941, she was made principal matron at Canadian Military Headquarters in London, later becoming matron-in-chief there. She returned to Canada in 1945.

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**Dorothy Isabel MacRae, R.R.C.,** has accepted the position of superintendent of nurses at the Herbert Reddy Memorial Hospital, Montreal. Released in 1945, from the R.C.A.M.C. where she had served as matron-in-chief, Miss MacRae has recently completed her course in administration in schools of nursing at the McGill School for Graduate Nurses.

Before entering the Services in 1940, Miss MacRae had had considerable experience in hospital activity. Immediately following graduation from The Montreal General Hospital in 1927, she became instructor at the Medicine Hat General Hospital. In 1932, she returned to her own hospital as supervisor of the surgical outdoor department. In 1934, she became assistant night supervisor of the Western Division of the Montreal General, later becoming a floor supervisor. From early in 1939 until she joined the R.C.A.M.C., Miss MacRae was matron of the hospital at Iroquois Falls, Ont..

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**Edith Grace Young** has been appointed director of nursing at the Ottawa Civic Hospital. Born in Lanark County, Ontario, Miss Young received her education in Carleton Place. After graduating from the Lady Stanley Institute, Ottawa, in 1922, she spent four years as superintendent of Rosamond Memorial Hospital in Almonte. After completing her post-graduate course in nursing education at the McGill School for Graduate Nurses in 1928, Miss Young went to Nicholls Hospital, later known as the Peterborough Civic Hospital, as instructor. In 1938, she became assistant superintendent of nurses there, rising to the post of superintendent two years later.

*Ashley & Crippen, Toronto*

AGNES C. NEILL

DOROTHY I. MACRAE

Miss Young has always been very active in nursing association activities. She has served as chairman of District 6, R.N.A.O., and on various committees. Her interest in community activity led her to join the I.O.D.E. For relaxation, she turns to golf.

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**Orma Jacklin Smith** has been appointed superintendent of nurses of the Galt Hospital, Lethbridge, Alta. Born in Saskatchewan, Miss Smith was educated in Regina and completed her work for her Bachelor of Arts before commencing her training at the Vancouver General Hospital. Following graduation in 1935, Miss Smith spent two years in general staff nursing with the United Church hospital at Burns Lake, B.C. In 1938 she became matron of the hospital in Enderby, B.C., returning to the Private Ward Pavilion of the Vancouver General in 1940.

In 1941, Miss Smith enlisted with the contingent of nurses going to South Africa. She served as matron in charge of a ward in the Oribi Hospital, Pietermaritzburg. She has recently completed her course in administration in schools of nursing at the McGill School for Graduate Nurses.

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After twenty-two years of service as director of nursing at the Ottawa Civic Hospital, **Gertrude M. Bennett** is soon to retire. Born in Toronto, Miss Bennett was educated in Ottawa and graduated from The Montreal General Hospital in 1905. After a brief period on the staff of her home hospital, she became superintendent at the Brockville General Hospital. In 1914, home responsibilities necessitated her withdrawal from active duty but she found time for some experience in private duty. In 1919, she became superintendent of nurses at the Royal Ottawa Sanatorium. While still in this post, Miss Bennett organized a nursing staff for the new Civic Hospital and directed the work of furnishing the institution. Her outstanding achievement was the successful amalgamation of the nursing staffs, both graduates and students, of St. Luke's and Rideau Street Hospitals into the new hospital in 1924. At the same time, a new class of probationers was inducted. No one could have achieved this difficult task with less friction than Miss Bennett.

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**Grace R. Martin,** for many years assistant superintendent of nurses at the Royal Victoria Hospital, Montreal, has retired. Miss

*Evening Citizen, Ottawa*

EDITH G. YOUNG

Martin graduated from the Royal Victoria Hospital in 1919 and engaged in private duty for a short time before becoming a charge nurse in the Private Pavilion of the Buffalo General Hospital. Following her course in teaching and supervision at the McGill School for Graduate Nurses, she returned to her home school of nursing as instructor.

Miss Martin served for some time as secretary of the Board of Management of the R.N.A.P.Q. She also served as president of her own alumnae association.

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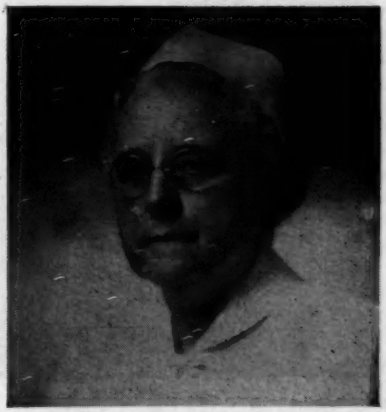
**Mrs. Linea Mary (Blomberg) Duke** has resigned as superintendent of nurses at the Provincial Mental Hospital, Essondale, B.C Graduating from the Royal Jubilee Hospital, Victoria, in 1932, Mrs. Duke took a post-graduate course in psychiatric nursing at



GERTRUDE M. BENNETT

*Steffens-Colmer, Vancouver*

MRS. L. M. DUKE

Essondale the following year. After completing a course in supervision and administration at the University of Washington, Seattle, in 1935, Mrs. Duke joined the staff at Essondale as a supervisor. In 1939 she became superintendent of nurses. Mrs. Duke's husband has recently returned from overseas.

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A recent conference of the provincial health nurses of Alberta marked a "birthday of service" for five of the staff, each of whom has spent many busy years with the Division, which itself has been in existence for only twenty-six years. They were **Mrs. I. Hawkes** who is the force that has kept the office going for the last quarter of a century; **Miss B. Emerson**, who, shortly after the inception of the Provincial Department of Health, organized the Edmonton Child Welfare Clinic, and has carried it on ever since; **Miss M. Lavell** who organized a similar clinic in Calgary the following year; **Miss A. Conroy** who has provided nursing service to one of the outlying Foot-hills areas for seventeen years; and **Miss O. Watherston** who is noted for her work with the Alberta Travelling Clinic. In addition to their service to the Province of Alberta, the latter four are veterans of the First World War, while Miss Watherston is also a veteran of this war. It was very fitting, therefore, that they should all be paid special tribute by Dr. Malcolm R. Bow, Deputy Minister of Health, and that the staff should have a celebration in their honor at the Macdonald Hotel where the guests were presented with suitable mementos of the occasion.

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**Katherine M. Bowen,** who for more than a score of years has held the position of superintendent of nurses at the Brant Sanatorium, Brantford, Ont., has retired.

*Alfred Blyth Studios, Edmonton*

*Left to right:* MISS M. LAVELL, MISS O. WATHERSTON, MISS A. CONROY, MRS. I. HAWKES, MISS B. EMERSON.

# Notes from National Office

## Visiting Nurses

National Office welcomed the following guests recently: (1) Miss F. G. Goodall, O.B.E., general secretary of the Royal College of Nursing. Miss Goodall is also secretary of the Nursing Reconstruction Committee, a member of the Rushcliffe Committee and National Advisory Council of Nurses and Midwives of the Ministries of Labor and Health and Department of Health for Scotland. (2) Mrs. B. A. Bennett, principal officer of the Nursing Service Branch of the Ministry of Labor. Mrs. Bennett is secretary of the National Advisory Council. (3) Miss Z. Tsoukala, director of the public health course at the University of Athens, Greece. Miss Tsoukala has been attending the University of Toronto School of Nursing. (4) Mlle C. Mechelynck, director, University School of Nursing, Brussels, Belgium. (5) Dr. Frances Triggs, who conducted an institute for nurses on Personnel Work and Management, under the Registered Nurses Association of the Province of Quebec in co-operation with the McGill School for Graduate Nurses. (6) Miss A. Holmgren, superintendent National Tuberculosis Association, Olso, Norway, is at present visiting Toronto and will also visit Montreal again during the summer.

## Conference with Canadian Hospital Council

A Joint Conference of representatives of the Canadian Nurses Association and Canadian Hospital Council was held in Toronto on January 28, 1946. The following memorandum, prepared by National Office staff, was presented for discussion:

As you are aware, the Canadian Nurses Association during the war years exerted every effort to assist in the solution of the difficult problem of providing essentials of nursing service for all fields of nursing—military and civilian.

It will be agreed that military nursing service needs were adequately met. Civilian nursing needs, on the other hand, both hospital and community, were far from adequately filled, and this in spite of a grant from the Federal Government to the C.N.A., which was designed and employed to increase, as far as possible under the difficult circumstances, the quality and quantity of nursing service for national needs. Government bursaries under the grant did assist to prepare nurses to assume positions of responsibility in hospital schools of nursing and public health fields. Similarly, large hospital schools of nursing further strained their limited facilities—handicapped by inadequate living accommodation, classroom space, prepared teaching staffs, and clinical experience—to increase student nurse enrolment. However, due to the limitations which we have mentioned, the output of graduate nurses from Canadian schools of nursing during the period 1939-1945 increased by only 44.5 per cent while nursing service needs increased immeasurably. Studies were made by this organization regarding ways and means of supplementing the all too meagre nursing staffs of hospitals. The place and function of subsidiary workers, ward maids, ward aides, orderlies, nurses' aides, together with standards of training required for these categories, were thoroughly reviewed and the result of these studies was forwarded to the provincial Registered Nurses Associations. The question of licensing and supervision of nurses' aides or practical nurses was studied and the provincial R.N.A.'s were urged by the C.N.A. to secure the necessary legislation. To date, one province only (Manitoba) has done so.

Despite these efforts, the nursing service picture, particularly in hospitals (both urban

and rural) and in sanitoria, has remained discouraging. Inadequate numbers of both registered nurses and subsidiary workers in institutions resulted in a far too heavy burden of service load for those workers. Hours of duty for general staff nurses remain too long. Salaries, despite some improvement, would still be below the level compatible with the professional responsibilities involved and with the increased cost of living. Many nurses commenced to seek other fields of nursing service in which living and working conditions were more attractive than in hospitals. The ideal of service, which for so many years sustained the profession through highly unfavorable conditions of employment, appeared now to have been strained to the breaking point.

The recommendations of the Canadian Nurses Association and Canadian Hospital Council, formulated in 1943, although generally agreed to in principle by the provincial Hospital Associations, actually were not strongly supported by the latter or generally implemented. Very little, in fact, was done during the war years to attract to or to hold nurses in the hospital field.

It was generally hoped that when the nursing sisters were demobilized, the hospitals would find the solution to their service problem. However, at this time—six months after the conclusion of hostilities—although twelve hundred nursing sisters have been demobilized, very few of them show a disposition to return to general staff duty. At the same time, the trend of new graduates to leave the hospital field continues. The unrelenting pressure of work, long hours of duty, small salaries, unattractive living conditions, restricted social life, are all factors which contribute towards making hospital duty less attractive. Rural hospitals often have the additional handicap of isolation. It will be readily admitted that it is manifestly unfair to criticize nurses for complaining of these unsatisfactory conditions in hospital service.

The present situation is one of grave concern to the C.N.A. as it must also be to the Canadian Hospital Council. Hospitalization plans have extended immeasurably during the past four years. Desirable as this is from the point of view of public welfare, it has, nevertheless, aggravated the serious problems within the nursing service structure in the following ways:

(1) The turnover of patients has greatly increased. (2) Convalescent period in hospitals has accordingly been shortened to make way for new patients. This means that a continuously active nursing service for the care of the acutely ill must be maintained. (3) Even the summer months and holiday seasons now bring very little decrease in the patient census and nursing service load. Nurses are, therefore, continuously working under pressure and at high tension. The problem of maintaining adequate nursing staff the year round has become at times almost insuperable for nurse administrators of hospitals. (4) Continued shortage of domestic staff, maids, ward aides, and nurses' aides has, of course, added to an alarming degree to the nursing service problem. Every recent survey of nursing service has shown that the wastage of available nurse-power, by canalizing services into non-nursing duties, has been tremendous and has been done at the expense of the nursing care of the patient.

It must also be pointed out that there is an increasing tendency on the part of doctors to pass over to nurses the carrying out of many procedures formerly thought to be the sole responsibility of the doctor. This tendency was noted even before the war, and although nurses have made every effort to carry these new duties, it must be realized that the addition of duties, with little or no lessening of those already being carried, complicates the nursing service accordingly.

As you understand, the physical dimensions of a hospital service—the number of beds which it will actually hold—is not an accurate basis upon which to estimate the nursing service needs. The tendency toward adding beds wherever space is available, and stretching the nursing service to cover the need, is a *dangerous* procedure. Ratios of nurses required to patients are dependent upon the nursing care needs of patients, and this should be the criterion by which is estimated the number of additional patients who may be admitted to hospitals.

According to authentic information, the present supply of nurses cannot fill the increased needs of expanding hospitals and expanding health programs. The present problem of hospital nursing service is one which is extremely complex. The C.N.A. desire to bring to the attention of the Canadian Hospital Council the urgency of the situation, and to point out further that the responsibility for nursing service is a hospital responsibility. We, therefore, urge that the time has come when the Canadian Hospital Council should

give the necessary leadership in regard to the following:

(1) Exploring the possibility of utilizing available clinical fields for centralized schools of nursing. For example: Some of the services in hospitals having a daily average of 50 to 75 patients might very well provide a portion of the required experience for student nurses. It is understood, of course, that such hospitals could not provide all the experience required and should not, under any circumstances, be considered as independent schools of nursing. (2) Exploring the possibility of securing Government grants for schools of nursing, for the purpose of providing needed teaching and supervisory staffs, classroom, laboratory, and library facilities, and adequate living accommodation. (3) Carrying out an immediate, very active campaign for the improvement of working and living conditions for graduate nurses within hospitals. Hours of duty and salaries are still unsatisfactory and should be brought into line with other professional groups; emphasis should be placed on the necessity of providing sufficient nursing staff to nurse the patients; the estimation of the number of hours of nursing care required should be based on the "Manual of the Essentials of Good Hospital Nursing Service," published by the American Hospital Association and National League of Nursing Education. (4) Urging hospitals to improve salaries to obtain and retain the necessary number and quality of domestic staff, in order that the highly essential services of these non-professional workers be maintained and stabilized at a satisfactory level, at the same time relieving nurses from the necessity of carrying many of the duties which should be delegated to these workers.

It was decided to appoint three representatives from both the Canadian Hospital Council and the Canadian Nurses Association to a joint conference of the two organizations to consider the question of nursing needs and nursing service. At the Executive meeting, C.N.A., held March 28 and 29, 1946, the following members were appointed to act on this committee: Miss F. Munroe, superintendent of nurses, Royal Victoria Hospital, Montreal, P.Q.; Miss K. Connor, superintendent of nurses, Central Alberta Sanatorium, Calgary; and Rev. Sister Mary Beatrice, Glace Bay, N.S. The president and general secretary, C.N.A., are members *ex-officio*.

## International Health Organization

The following memorandum was sent in March, 1946, to the Minister of Health in reply to his request to the Canadian Nurses Association regarding the proposed establishment, constitution, functions, and machinery of an international health organization which was to be considered in June:

I. The Government of Canada has recently set in motion policies which, it is hoped, will in time "eradicate from the lives of men and women the three great basic fears: the fear of destitution through unemployment, the fear of destitution through old age, *and the fear of destitution through sickness.*" The United Nations are pledged to endeavor to implement the principles of the Atlantic Charter. To this end the multiple agencies which have been and are functioning throughout the world in the fields of finance, of transport and labor, of food and agriculture, and of education and culture, have been or are being coordinated under one authority within the international framework of the United Nations Organization.

It is the considered opinion of those working in the national and international health fields that now is the time to review the many organizations concerned with health and to take positive action regarding the establishment of a single worldwide health organization. *The Canadian Nurses Association* heartily endorses this principle of international co-ordination and is prepared to support efforts to secure the establishment of a sound international health organization.

II. *Constitution:* Whether this international health organization should be an entirely new unit set up within the framework of the U.N.O., or be patterned somewhat after the former Health Organization of the League of Nations but with extension of scope and authority, is a matter for those in the Assembly, who by their experience

are fully competent to take such a decision.

It is to be expected that in any international health organization a governing body and an executive staff will be necessary. The constitution, composition, and method of recruitment of these bodies will require much careful thought on the part of those persons to whom the responsibility for determining these matters is assigned. Whether, as has been suggested, the major body is composed of both official representatives of national health services and technical experts, or whether separate bodies, one official and one technical, are set up, *the Canadian Nurses Association strongly recommends* that professional nursing organizations be represented on the planning body of any international health organization. It is further recommended that this representative be a member of the International Council of Nurses; also that national nursing organizations have direct representation on regional and local planning bodies.

III. *Functions:* In considering the creation of any permanent international health organization, great emphasis must be placed on the importance of reaching and maintaining the very highest standards in all health activities. The maintenance of a high standard of nursing and the control of nursing education within each country will be the direct responsibility of every nursing group represented in the international health organization. It is envisioned that the functions of the international nursing representative or nursing committee of an international health organization will include the following:

(a) To be informed on all aspects of nursing and social conditions affecting the well-being of people in all countries.

(b) To promote and support appropriate study and research into nursing problems and encourage higher standards of nursing throughout the world.

(c) To assemble all reference material on nursing in collaboration with other groups within the international health organization in an endeavor to establish an international health library.

(d) To make available to national nursing organizations the latest bulletins and publications on developments in the field of international health and welfare.

(e) Through close co-operation with all national nursing and allied organizations to place the experience, knowledge, and inspiration of one nation at the disposal of all other nations for the benefit of mankind.

IV. *Machinery:* "Nursing is a profession of international values and goes on throughout the world as a service to humanity." As there is already in existence an International Council of Nurses, *it is recommended that* the international nursing aspects of the health program be implemented through the channels of the International Council of Nurses and that national responsibilities be delegated to the national nursing body in each country. These nursing organizations are prepared to provide authoritative direction and technical information to other international bodies and to collaborate with them on all nursing matters having to do with world health.

## Nursing Sisters' Record

The following list has been obtained through the kindness of the Matrons-in-Chief of the Royal Canadian Army Medical Corps and Royal Canadian Navy. (We regret the Royal Canadian Air Force Nursing Service list is incomplete. It will be printed when available.) Every nurse in Canada will feel the greatest pride in our nursing sisters who have so distinguished themselves:

R.C.A.M.C.

*Royal Red Cross*

*Col.* (M.I.C.) A. C. Neill. *Lt. Col.* (M.I.C.) D. I. MacRae, D. M. Riches. *Majors* (P/M) A. M. Allen, H. Boutilier, A. B. Boyd, F. G. Charlton, M. C. Crawford, E. R. Dick, S. Giroux, B. G. Herman, N. B. Kennedy-Reid, D. L. Kent, R. L. King, M. MacDonald, J. C. MacKay, M. M. MacLaren, A. J. Macleod, G. Paterson, E. A. Pepper, E. M. Read, E. L. Riach, E. E. Rossiter, M. R. Shaffner, H. L. Shanks, A. C. Tavener, A. I. Tennant, L. E.

Thomas, H. L. Wilson, C. J. Winter. *Captains* (Matron) H. F. Carson, J. L. Clemons, A. Coulombe, M. Dewar, I. M. Fairfield, K. B. Harvey, M. P. Leith, M. B. MacNeill, M. Roberts, S. J. Roberts, A. Vachon, I. E. Wyatt. *Lieutenants* (N/S) B. M. Hunter, H. Matte, A. M. M. Nicholson.

*Associate Royal Red Cross*

*Majors* (P/M) D. F. Ballantine, I. Henderson, H. G. Hewton, D. L. Kent, D. M. Macham, M. M. MacLaren, G. Paterson, A. L. Young. *Captains* (Matron) V. Allan, E. H. Alton, E. G. Chesham, F. P. Collins, A. E. Cromwell, M. K. E. Deane-Freeman, J. D. D'Orsonnens, E. A. Earshman, N. C. Garfield, M. H. Kellough, I. Kent, V. Leblond, C. T. Lunn, C. M. MacDonald, M. MacLean, C. I. Nixon, M. I. Roach, D. M. Robertson, H. E. Sirrs, M. A. Smith, G. St. Georges, E. R. Truman, J. Wallace, M. J. Parker, E. E. S. Wright. *Lieutenants* (N/S) J. E. Booth, R. E. Powell, M. B. Spence, I. F. Acworth, E. Andreas, F. B. Balcom, C. R. Blue, A. Borland, F. J. Bossy, B. A. Bowles, I. V. Burkholder, H. M. Cannon, K. G. Christie, L. Clegg, V. B. Cockerill, C. N. Compston, F. M. Copeman, G. E. Cowieson, N. I. Crozier, L. M. Dalgleish, M. T. Dolan, I. M. Esdale, J. Foster, E. A. Galbraith, M. E. Gemmell, J. L. Gray, N. C. Hall, R. M. Hamelin, V. H. Hora, D. M. Knight, R. Lachance, N. K. Leahey, D. J. Low, H. Morril, D. E. Murphy, C. S. Murray, M. E. MacIsaac, B. J. MacKenzie, F. A. MacKenzie, V. G. MacKenzie, R. MacLean, K. I. MacLeod, E. D. McNichol, E. B. Pense, C. J. Pethick, M. R. Pride, D. W. Rapsey, D. A. Rastoul, R. Rogers, D. D. Salton, J. S. Sherwood, H. V. Sinclair, E. I. C. Smallwood, M. A. Stewart, A. Thorpe, F. J. Tomkins, M. L. Townsend, A. C. Turnbull, H. I. Ussher, A. M. Waters, H. E. Wilson, L. M. Young, M. Zeggil.

*Member of the British Empire*

*Lieutenants* N. D. R. Hughes, M. J. McCann.

*Mention in Despatches*

*Majors* (P/M) B. G. Herman, E. A. Pepper, E. L. Riach, M. A. Rutherford. *Capt.* (M) R. K. Ackhurst. *Lieutenants* B. C. M. Anderson, G. M. McCurdy, A. M. McGuigan, L. C. Allen, M. E. Arnold, A. W. Auger, R. G. Austin, P. G. Beamish, M. S. Bell, G. Bernardin, L. E. Bibby, D. M. Boddy, P. J. Bonnor, M. E. Bray, C. M. Brown, M. C. Brown, M. Burton, G. L. Canning, M. F. Cascaden, I. M. Chipman, O. M. Clancy, C. S. Clark, E. Cleland, M. E. Coutts, M. J. Coutts, E. L. Covert, A. H. Craig, A. E. Crothers, E. M. Cunningham, M. A. Dean, A. F. Dearden, D. J. Dunbar, S. Eede, A. M. Eklund, A. Elliot, E. W. Ewart, M. E. Farmer, F. L. Ferguson, R. M. Fulton, A. P. Gibson, M. E. Gleadow, C. Golightly, A. J. Goodwin, E. M. Gordon, A. Halabuza, E. Halfield, N. C. Hall, L. J. Harding, M. Harris, E. B. Hayes, R. S. O. Hooper, S. A. Horning, M. E. Jerrom, G. Labonte, L. M. Larkin, M. J. Latour, G. Layman, A. W. Lindsay, E. A. E. Loree, J. T. Marshall, A. Meadows, I. A. Metzler, G. M. Meyer, S. Miles, E. I. Miller, C. M. Morris, A. R. Mowatt, E. M. Murray, M. J. MacDiarmid, M. M. MacDonald, D. J. MacKay, J. G. MacKay, M. A. MacKay, H. E. MacLaine, M. M. McCulloch, E. C. McKinnon, M. H. McPherson, A. M. M. Nicholson, M. J. O'Toole, A. D. Potts, M. E. Robinson, G. J. Roy, A. Schraefel, R. Smith, H. I. Sutcliffe, M. P. Styffe, M. S. Taylor, E. B. C. Tilyard, G. E. Wallbridge, H. Wells, R. M. Wilkinson, M. C. Younge. *Second Lieutenants* (H/S) A. A. C. Baines, M. Jamieson, E. J. LePan, P. Vallee, E. R. Webster.

*Military Medal for Merit, Czechoslovakia*, J. A. Havorka.

ROYAL CANADIAN NAVY

*Royal Red Cross*

M. G. Russell, A. R. Fellowes, F. M. Roach, M. Cowan, O. Wilson.

*Associate Royal Red Cross*

J. M. Nichol, M. C. Reid, E. I. Stibbard, S. M. Beck, C. A. Evans, E. L. Belden, M. I. Green, H. Glendinning, M. Waterman.

# Notes du Secrétariat de l'A.I.C.

Etaient de passage dernièrement au bureau de l'Association des Infirmières Canadiennes, (1) Mlle F. G. Goodall, O.B.E., secrétaire générale du Collège Royal des Infirmières d'Angleterre. (2) Madame B. A. Bennett, du Ministère du Travail, en charge du département du nursing. (3) Mlle Z. Tsoukala, directrice du cours d'hygiène publique à l'Université d'Athènes. (4) Mlle C. Mechelynck, directrice de l'école universitaire des infirmières à Bruxelles. (5) Le Docteur F. Triggs, autrefois consultante du personnel à l'Association des Infirmières Américaines.

### Conseil des Hopitaux du Canada

Un mémoire, préparé par les officiers de l'Association des Infirmières Canadiennes, fut présenté au conseil exécutif du Conseil des Hôpitaux du Canada.

Ce résumé porta à l'attention du Conseil des Hôpitaux la situation pressante due au manque d'infirmières, et fit remarquer en plus que la responsabilité du service d'infirmière est une des responsabilités de l'hôpital. Par conséquent, nous trouvons que le temps est venu pour le C.H.C. d'indiquer la conduite à tenir concernant les points suivants:

1. L'utilisation de toutes les ressources cliniques disponibles pour la centralisation des écoles d'infirmières.

2. La possibilité d'obtenir des octrois des gouvernements pour les écoles d'infirmières dans le but de se procurer les services d'institutrices, de surveillantes; des salles de classes, des laboratoires, et des bibliothèques, ainsi que des logements convenables.

3. De mener à bonne fin une campagne active pour l'amélioration des conditions de travail et de logement pour les infirmières diplômées des hôpitaux; (les heures de travail et les salaires ne sont pas encore satisfaisants si on les compare aux autres groupes professionnels) et pour assurer un personnel suffisant pour le soin des malades.

4. Recommender aux hôpitaux d'améliorer les salaires, afin d'avoir et de garder suffisamment de domestiques bien qualifiées; les services que ces personnes seront appelées à rendre pourront alors être bien déterminés, stabilisés de façon à donner satisfaction à tous. Certains travaux exécutés actuellement par les infirmières pourraient alors être exécutés par ces personnes.

### Organisation Internationale de Sante

Un mémoire fut envoyé au Ministre Fédéral de la Santé, en réponse à la demande adressée à l'Association des Infirmières Canadiennes, concernant l'établissement, les constitutions, et fonctions d'une organisation internationale de santé qui devait être étudiée en juin.

1. Ce mémoire dit: que le gouvernement du Canada a pris récemment des mesures, qui on l'espère, avec le temps, feront disparaître de la vie de tout homme et de toute femme la crainte de l'indigence par manque d'emploi pour cause de vieillesse et de maladie.

Les Nations Unies se sont engagées à rendre effectifs les principes de la Charte de l'Atlantique.

Dans ce but de multiples agences, sociétés du monde de la finance, du transport, du travail, de l'alimentation, de l'agriculture de même que de l'éducation et de la culture ont été groupées sous une seule autorité dans le plan international des Nations Unies.

L'opinion de ceux qui travaillent dans les organisations nationales et internationales de santé, est qu'il est temps d'examiner les multiples organisations qui s'occupent de santé et que l'attitude soit d'établir une organisation mondiale de santé.

L'Association des Infirmières Canadiennes approuve ce principe d'une co-ordination internationale et est prête à appuyer tous les efforts qui assureront une Organisation Internationale de Santé.

2. Constitution: Que cette organisation nationale de santé soit sur un nouveau plan dans les cadres des Nations Unies, ou sur le plan déjà établi par l'Organisation de Santé de Ligue des Nations, mais avec plus d'étendue et plus d'autorité. C'est un choix qui doit être laissé aux membres de l'assemblée qui ont la compétence et l'expérience pour prendre une telle décision.

L'Association des Infirmières du Canada recommande que des associations professionnelles d'infirmières soient représentées lorsqu'il s'agira de fournir le corps de toute organisation internationale de santé.

En plus il est recommandé que cette représentante soit un membre du Conseil International des Infirmières et que les associations nationales du nursing soient représentées directement aux conseils nationaux et ré-

gionaux de cette organisation internationale de santé.

3. Fonctions: En considérant la formation d'une organisation internationale de santé, l'on doit insister sur l'importance d'atteindre et maintenir les plus hauts standards dans toutes les fonctions de la santé.

Le maintient d'un standard élevé dans le nursing et le contrôle de la formation de l'infirmière dans chaque pays sera le devoir des associations professionnelles représentées dans l'organisation internationale de santé.

Il est à prévoir que les fonctions de cette représentante ou de ce comité du nursing dans l'organisation internationale seront comme suit:

(a) Etre informé de tous les aspects du nursing et des conditions sociales qui affectent le bien-être dans chaque pays.

(b) De promouvoir et soutenir les travaux de recherche, les études des problèmes du nursing, et d'encourager à maintenir ainsi les plus hauts standards du nursing dans le monde.

(c) Réunir toute la bibliographie concernant le nursing en collaboration avec les autres groupes de l'organisation internationale de santé, dans le but d'établir une bibliothèque internationale de santé.

(d) De mettre à la disposition des associations nationales d'infirmières, les derniers bulletins et publications sur les développements de la santé et du bien-être social à travers le monde.

(e) Par une étroite co-opération avec les associations nationales des infirmières et les organisations apparentées de mettre à la disposition de tous les pays l'expérience, la connaissance, et l'inspiration d'un pays et ce pour le plus grand bien de l'humanité.

4. Rouages: La profession d'infirmière a une valeur internationale et est reconnue à travers le monde comme un service humanitaire. Comme déjà il existe un Conseil International des Infirmières, il est recommandé que tout ce qui concerne le programme de santé soit dirigé au Conseil International des Infirmières et que de là, les responsabilités nationales soient confiés aux associations nationales d'infirmières dans chaque pays. Ces associations nationales d'infirmières ont seules l'autorité nécessaires pour donner des directives et des informations aux organisations internationales et aussi collaborer en tout ce qui concerne le nursing pour l'amélioration de la sânté à travers le monde.

MENTION CHEZ LES NURSING SISTERS

Les infirmières de langue française sont priées de référer aux *Notes* en anglais pour y lire la liste des nursing sisters qui ont reçu des décorations. Cette liste a été obtenue par faveur des Matrons-in-Chief de R.C.A.M.C. et de R.C.N. La liste de R.C.A.F.N.S. n'étant pas complète sera publiée plus tard.

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# Annual Meeting in Alberta

The twenty-eighth annual meeting of the Alberta Association of Registered Nurses was held April 8 and 9, 1946, at the Macdonald Hotel, Edmonton, with the president, Miss Barbara A. Beattie, in the chair. Twenty-five centres, outside of Edmonton, were represented by seventy-two members.

Following the invocation, an address of welcome was given by His Worship, the Mayor of Edmonton, Mr. H. D. Ainlay. Messages of greeting were read from Miss Evelyn Mallory, president of the R.N.A.B.C., and Miss Ida Johnson, past president, A.A.R.N., who is in Ontario taking post-graduate university work. Miss Esther Beith, convener of the Labor Relations Committee, C.N.A., whom we were delighted to have with us, was introduced.

In her presidential address, Miss Beattie made special mention of the returned nursing sisters. "The nursing profession is going through a critical period of adjustment," Miss Beattie said, and suggested that if nurses would take an active part in developing their profession there would be less feeling of unrest and frustration.

Highlights of the reports given by conveners of standing and special committees were as follows:

*The Canadian Nurse:* The provincial convener of subscriptions has sent 885 letters to Alberta nurses who do not subscribe to the

*Journal* and 354 letters to nurses who have forgotten to renew their subscriptions. During January and February, 1946, there were 104 new subscribers.

*Nurse Placement Service:* Since Miss Cogswell's appointment as director she has visited 40 of the 96 hospitals, several doctors' clinics, and Health Districts throughout Alberta. Provincial office was officially opened on February 1, 1946. Nurse shortage is extremely acute but previous to February 1, 30 of the 85 requests for nurses were filled. During February there were on file 71 requests for nurses and 16 positions filled, and in March, 23 of the 123 requests were filled. Hospitals are responding quite well to the request sent by Miss Cogswell asking that they help finance the provincial nurse placement service project.

*Subsidiary Workers:* In July, 1945, this committee arranged a "nursing procedure" outline, based on the C.N.A. and Ontario plans, at the request of Mr. J. H. Ross, Regional Director, Canadian Vocational Training, Calgary, in preparation for a practical nurses' course (nursing and housekeeping) being arranged for *discharged personnel of the women's services only.* A delegation of seventeen nurses discussed the question of legislation for practical nurses with the Minister of Health for Alberta, but it was decided that it would be wiser to leave the matter in abeyance until legislation enacted in Manitoba, Quebec, and other countries could be studied and the effects evaluated. In January, 1946, the C.V.T. commenced a practical nurse housekeeping course in Calgary for discharged personnel of the women's services. The course is of nine months' duration and will consist of approximately five months' theoretical and practical classroom instruction and four months' practical field experience.

*Health Insurance and Nursing Service:* At the 1946 session, the Alberta Legislature assented to an Act to "Provide Health Services for the People of Alberta." The convener recommended that representation by the association be made to the Provincial Government in order to protect the interests of nurses under this Act and to ensure adequate recognition of the part nurses will play in the development of such a plan as well as to seek representation on the Advisory Committee when it is appointed.

*School of Nursing Council, University of Alberta:* The Instructors' Group has been authorized to revise the Minimum Curriculum for Schools of Nursing in Alberta. The matter of the re-establishment of inspection of schools of nursing, suspended since the beginning of the war, is under consideration. Seven of the eleven schools of nursing in Alberta are represented on the R.N. Examining Panel for 1946 which is a maximum representation considering the number of examination papers written. Miss Helen Penhale, formerly on the staff of the University of Western Ontario, has been appointed director of the School of Nursing, University of Alberta.

*Legislation:* Studies during the year have mainly centred around the revisions of the C.N.A. Constitution and By-laws, the amendments to the Alberta Public Health Act which affect schools of nursing, the re-establishment of inspection for schools of nursing and hospitals in Alberta, and legislation for practical nurses.

*Labor Relations:* Since certain labor union groups appear to be definitely interested in nurses and because nurses are not well-informed regarding labor relations and laws in Alberta, the provincial office sent informative material in April, 1945, to superintendents of nurses in schools of nursing and in hospitals of approximately fifty beds and over. In March, 1946, every A.A.R.N. member, actively registered, was sent a digest of labor relations material. In her address on "Professional Labor Relations" Miss Beith gave us a great deal of valuable assistance. In part, Miss Beith said that: (1) The function of the National Committee is to co-ordinate and interpret provincial thinking but it has no authority whatsoever within itself. (2) It aims to assemble material and give guidance to nurses concerning collective bargaining, affiliation with trade unions, and labor legislation that may affect nurses or the nursing services. (3) There are three schools of thought within the nursing profession regarding labor relations. The first holds for no association with trade unions, stating that such affiliation would lower the prestige and strength of the professional association; a second group advocates affiliation with trade unions for collective bargaining because it feels its professional association has failed nurses; and the third group feels that collective bargaining within the association or profession would be advisable. Some nurses think they are going to get speedy action by joining a trade union, but Miss Beith pointed out that changes cannot be accomplished over-

night. (4) In affiliation with trade unions some union practices are not possible for nurses. "Strike" is one word that should be unknown in the nursing profession. (5) There should be unity of thinking within our own professional group and collective bargaining should be kept within the profession, although public relations and public understanding may justify affiliation with trade unions under certain circumstances. If nurses were well-informed and would all work together we would have one of the strongest organizations within our own profession. Comparing the teaching profession to that of nursing, Miss Beith said that, although both have the opportunity to influence the public more than any other group in Canada, the nurses have an added advantage since their work touches all levels of society. (6) The proposed incorporation of the Canadian Nurses Association should heighten the prestige and influence of nurses throughout the provinces and internationally, but the one accepted method of establishing ourselves as a *profession* is the passing of a Nurse Practice Act.

The first day ended delightfully with a banquet and an address by Miss Maimie Simpson, Faculty of Education, University of Alberta, on "Pleasures in Living."

The morning of the second day was devoted to the Districts and Sections. As the District reports were presented, problems were discussed and clarified. Following their business meetings, the General Nursing and Hospital and School of Nursing Sections joined to hear and discuss papers splendidly presented on "Psychiatric Nursing in the General Field" by Miss Mildred Nelson, and "Minimum Curriculum" by Miss Agnes Lysne. The Public Health Section meeting centred around health education, radio programs, and plans for the coming year.

In the afternoon, five instructors from various hospitals in Alberta presented a most interesting and instructive panel on "An Adequate Ward Teaching Program."

Resolutions presented to the meeting related to: (1) Information for the counsellors of ex-service personnel that the six-month time allowance that might be granted could not be the preliminary period as applicants seemed to think. (2) Recommendation to the proper authorities that building of hospitals be in accord with the amount of residence space for nurses, the teaching facilities, and accommodation and the number of nurses available. (3) Adequate health education radio programs. (4) Further information and assistance for nurses regarding labor legislation in Alberta and the stabilizing of nurse salary schedules.

The officers of the Sections were elected. The A.A.R.N. Council for 1946-47 is as follows: President, B. A. Beattie; first vice-president, Helen G. McArthur; second vice-president, E. Kathleen Connor; councillor, Sister Alice Herman. Section chairmen: General Nursing, Mrs. Bertha Kipp; Hospital and School of Nursing, Annie M. Anderson; Public Health, E. Irene Stewart.

ELIZABETH B. ROGERS
*Registrar, A.A.R.N.*

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# Annual Meeting in British Columbia

The thirty-fourth annual meeting of the Registered Nurses' Association of British Columbia was held in Victoria on April 26 and 27, 1946. One hundred and forty-one members from twenty-five centres attended. Attendance and interest were maintained throughout the two days of meetings, and reports and resolutions were fully discussed.

The agenda for the opening session included the president's address, the registrar's report, and reports from the Placement Service Committee and the director of Placement Service. In Miss Mallory's address, criteria for evaluating professional progress and maturity were defined and were applied to nursing and nursing associations in general and specifically to our own provincial association. This challenging address provided material for group and individual study and without doubt will be reflected provincially in the projects and policies developed during the next twelve months.

A comparative study of nursing service resources and demands at the onset of the war and at the beginning of 1946 was included in the registrar's report. This showed a 49 per

cent increase in the number of students in schools of nursing, a 55.5 per cent increase in the number of new members admitted annually, and a 55.7 per cent increase in number of current members. Increased demands for nursing service were indicated by the fact that, in spite of a marked rise in the number of graduate nurses employed in hospitals, other institutions, and public health agencies, approximately 350 nurses are required today to meet most urgent needs.

The convener of the Placement Service Committee, Mrs. Lois Grundy, reported on various studies which were carried out. These studies resulted in changes in the organization of Placement Service, in completed plans for placing practical nurses, and in a revision of the private duty fee schedule.

The report of Elizabeth Braund, director of Placement Service, indicated expansion and progress. In Vancouver, calls for private duty nurses had risen 35 per cent and the total number of unfilled calls had risen from 300 to 919. In Victoria, unfilled calls rose from 180 to 330. During the first two fiscal years, 1036 nurses enrolled with Placement Service.

A report on personnel practices, based on data secured by Placement Service, discussions held at meetings of nineteen chapters, and reports from committees appointed by the Vancouver and Victoria Chapters, was presented and, with a change in wording, unanimously approved. The sections of the report which outline principles of the personnel practices and recommendations are as follows:

The philosophy which underlies the principles and recommendations now presented is that nurses and their employers have a mutual interest in and responsibility for fulfilling the purposes for which health institutions and agencies exist; these are: (1) to care for the sick and (2) to promote the health of all citizens.

With this in mind, the principles upon which desirable and reasonable policies of personnel practices for nurses may be developed can be outlined as follows:

1. Nurses, like all other human beings, need opportunities for satisfaction in service and for self-development.

2. Acceptable living and working conditions, with recognition of good service, result in a more efficient and interested worker, with consequent improvement in service.

3. The hours of work should not exceed those of other salaried, professional workers; should be considered in relation to the physical, intellectual, and psychological strains under which nurses work; should be such that efficiency is not impaired and should make possible participation in the social and cultural life of the community.

4. The length of vacation should be such as would permit the building up of physical reserve and resistance to infection and should compensate for the irregularity of hours and free time.

5. A definite policy of continuance of salary during time lost through illness is protective of the health of the nurse, her patients, and her co-workers.

6. A nurse is entitled to the right accorded other workers of choosing where she lives and has her meals.

7. When it is necessary for nurses to accept accommodation provided by the employing institution, such accommodation should ensure privacy and comfort and should provide for normal social living.

8. An employee health program is economically sound and operates to increase efficiency.

9. Deductions for room and board should be in relation to the cost to the institution and should reflect the differences in the quality of the accommodation provided.

10. The cost of laundering uniforms should be borne by the employing institution, in keeping with the practice in other occupations where the wearing of a uniform is required.

11. Salary schedules for nurses should be based on the value of the service rendered, irrespective of the charitable functions of the employing institution.

12. The basic minimum salary should ensure a standard of living in keeping with the nurse's professional status and make it possible for nurses to take advantage of educational opportunities and to provide for retirement.

13. A contributory pension plan results in increased loyalty to the employing institution, lifts and maintains morale and has a stabilizing effect.

14. Married nurses should have equal opportunities for employment.

15. Stated terms of employment tend to eliminate dissatisfaction and unrest.

16. Staff relationships should be such that the nurse will feel free to take her problems and grievances to the member of the administrative staff to whom she is responsible.

17. A staff education program aids in the more rapid and effective orientation of new

employees, tends to increase the interest in and understanding of the functions of the employing institution, and promotes unity of staff and improved employee-employer relationships.

Recommendations covering these points were presented at the convention and, with minor amendments, were approved by the association. They were later referred to a meeting of the Joint Committee on Stabilization of Nursing Service (B.C. Hospital Association and R.N.A.B.C.). The resulting changes are incorporated in the following statements:

1. *Hours of work:* (a) That the maximum hours of work shall be 48 hours per week and that employers endeavor to institute a 44-hour week at as early a date as possible; (b) that the daily hours of work be consecutive; (c) that each nurse have at least one whole day off per week; (d) that a full day be granted for each statutory holiday; (e) that a free period of at least 16 hours and preferably 24 hours be assured when changing shifts; (f) that an accurate record be kept of overtime and that compensation in time be made within 2 weeks, or pay, preferably time; (g) that the question of "on call" duty be referred for study to the Joint Committee on Stabilization of Nursing Service.

2. *Vacation:* That after one year of service, the minimum vacation shall be 28 days; and that after 6 months of service, the nurse shall have the right to a proportionate vacation.

3. *Sick leave:* That each nurse be entitled to 1½ days of sick leave per month, with pay, and that it be cumulative.

4. *Residence:* (a) That employing institutions endeavor to make it possible for nurses to live away from their work; (b) that the Joint Committee on Stabilization of Nursing Service be requested to set up standards for living accommodation, to protect nurses who must accept accommodation provided by the employing institution.

5. *Salaries:* (a) That salaries be stated in terms of gross salary and that deductions made be itemized and a statement accompany the salary cheque; (b) that the laundering of uniforms be done at the hospitals' expense; (c) that the basic *minimum* salary for a registered nurse in full employment be $125 per month; (d) that the basic *minimum* salary for positions of administration, supervision, and teaching be $150 per month ("supervisor" shall be interpreted as a nurse in charge of a special department or of more than one ward and having administration responsibilities); (e) that the salary of a nurse who has had special post-graduate *preparation* for the position she holds be at least $10 per month more than the salary of a nurse in a similar position who has not had such special preparation; (f) that monetary recognition be granted for *experience* which increases the value of the service rendered; (g) that stated periodic increments be provided for and be granted upon satisfactory service as determined by objective evaluation.

6. *Marital status:* That a nurse's marital status be not permitted to interfere with her right to work.

7. *Permanency:* (a) That, for purposes of receiving benefits, a nurse who is employed in a temporary capacity but who remains on the staff for more than 3 months shall be considered "permanent" and receive the benefits granted permanent members of the staff, except superannuation; (b) that a permanent part-time nurse be entitled to the same benefits granted to other permanent employees, in proportion to the number of hours she works.

8. *Temporary general duty staff:* (a) For temporary general staff duty, nurses shall be paid the prevailing private duty fee up to a week; (b) if continued on duty beyond a period of one week, the salary shall be at the prevailing general staff rate from date of employment.

9. *Staff health program:* That for permanent employment, a pre-employment physical examination be required and that facilities be provided; (b) that provision be made for periodic check-up and for consultive service; (c) that nurses be expected to carry hospital insurance and, where possible, complete medical insurance.

10. *Staff education program:* That in all institutions and organizations employing nurses, a staff education program be instituted, in the development of which nurses in all levels of positions participate.

11. *Pension plans:* That the matter of contributory pension plans for nurses on salary be referred for study to the Joint Committee on Stabilization of Nursing Service.

12. *Terms of employment:* (a) That a statement of the terms of employment be given to the nurse at the time of employment; (b) that terms of employment include: (1) hours of duty; (2) statutory holidays; (3) policy regarding rotation of service, including frequency of change; (4) vacation; (5) sick time

allowance; (6) health program; (7) salary; (8) policy of granting increments; (9) policy of granting promotions; (10) pension plan; (11) name of member of administrative staff to whom the nurse is responsible; (12) termination of employment; (13) a general statement concerning the nature and extent of the responsibilities of the position.

It was further recommended that these recommendations be subjected to a study and annual revision.

The work of the Committee on Legislation, as reported by Alberta Creasor, had been concerned with the endeavor of the association to promote legislation that would license practical nurses, and with the draft revisions of the C.N.A. Constitution and By-laws.

The convener of the Publications Committee, Jennie Hocking, called attention to a display prepared by the *Canadian Nurse* Committee of the Victoria Chapter which showed British Columbia's contributions to the *Journal* during 1945. She commented on the work of a sub-committee which prepares a paragraph for the monthly *News Bulletin* and reported that subscriptions had risen since January 1, 1946, from 1258 to 1425 on March 26, 1946.

Miss Paulson, convener of the Committee on Health Insurance and Nursing Service, reported two studies (one completed and one under way) on nursing service needs and resources. She urged the chapters to organize study groups on Health Insurance.

The report of the Labor Relations Committee, presented by its convener, Elizabeth Copeland, outlined the various matters which have been subjected to study. A resolution regarding the "appointment of a Select Committee on Labor Relations which would be prepared to act as a bargaining agent on behalf of members, if so requested" passed unanimously.

The report of the Finance Committee, including the 1946-47 budget, was presented by Mrs. Edith Pringle. In adopting the budget, the meeting approved two new items —an estimated cost of a contributory annuity plan for association employees and a retaining fee for a lawyer versed in labor legislation. A motion to increase the annual membership and registration fee to ten dollars was passed without a dissenting vote.

The Education Committee of the Public Health Section submitted a report on the Control of Tuberculosis in British Columbia, and a resolution, calling for a revision of Communicable Disease Regulations, which will be forwarded to the Provincial Government. This section also reported on a survey on the use of volunteers in public health agencies. The Hospital and School of Nursing Section, in view of the marked success of the institute for head nurses sponsored by this section, will plan an institute for this year on staff education and/or clinical instruction. The General Nursing Section reported its major activity in the past year as that of measures to discourage the wearing of uniform on streets and in public places.

The reports of seven districts and three chapters were read by appointed delegates. All district and chapter reports showed that the interests of local units of the association are progressively broadening and that other civic groups are turning to chapters when co-operative endeavor is indicated. The business acumen of our members is evidenced by the apparent ease with which large sums of money are raised for charitable and other purposes.

Three most enjoyable social functions were arranged by Victoria nurses. District and chapter delegates and members of the Council were guests of the Victoria Chapter at a luncheon on Friday. The Alumnae Associations of the St. Joseph's Hospital School of Nursing and the Royal Jubilee Hospital School of Nursing were hostesses at a tea at St. Joseph's Hospital. The Vancouver Island District arranged for a tour of Victoria by bus for delegates.

Our guest speaker, Mr. G. N. Griffin, selected as his topic "Ships of Life." His "ships" were kinship, scholarship, citizenship, friendship, and worship. He pointed out that these ships must be sturdy, if we are to get away from harbour. We each must make our contribution to human welfare— "must pay some rent for the space we occupy on this old world." Mr. Griffin's eloquent address was an inspiration to the large number of nurses who attended the evening session.

Members of the staff of the Royal Jubilee Hospital, under the direction of Hazel Merritt, entertained the nurses, who attended the closing session, by two clever skits. The first was enacted in three scenes—in the opening scene a matron, whose motto must have been "yours not to reason why, yours but to do or die," interviewed a staff nurse; in the second the newly-employed personnel officer welcomed a new employee; and in the third the

same personnel officer was shown snowed under by the multitude of personnel and other problems which had been handed over to him. In the second skit, "Modern Trends in Uniform," the well-groomed and ill-groomed nurse of early days and of today was illustrated by a Sarah Gamp and a Florence Nightingale, and by a smartly and correctly-attired modern nurse and the sweater-girl type, whose lack of hosiery was compensated by generous use of cosmetics and an elaborate coiffure.

Those of us who attended all sessions of the meeting were impressed by the spirit of co-operation displayed and came away convinced that the coming year would be marked by unity of thought and endeavor in tackling the many problems which lie ahead.

ALICE L. WRIGHT
*Executive Secretary, R.N.A.B.C.*

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## Annual Meeting in Manitoba

The thirty-second annual meeting of the Manitoba Association of Registered Nurses was held April 12 and 13, 1946, at the Fort Garry Hotel, Winnipeg. Two hundred and eighteen members registered. The president, Miss Lillian Pettigrew, was in the chair. The address of welcome was given by Alderman Hilda Hesson.

In her address, the president reported a very active year for the association. She traced the development of the nursing profession and urged that nurses be ready and willing to assume the responsibilities that the future holds. She pointed out that attendance at general meetings was low, and that few are willing to give of their leisure to serve on committees. Miss Pettigrew stressed the danger of this apathy among the membership at large.

The president reviewed the work that had been done during the year:

1. The Placement Service established in August, 1944, and financed by funds received from the Federal Government grant, will be carried by the M.A.R.N. on a part-time basis until January 1, 1947.

2. The M.A.R.N. Memorial Scholarship of $300 will be available each year, beginning in the fall of 1947, to a member of the association accepted for post-graduate study at the School of Nursing, University of Manitoba.

3. The Margaret Scott Memorial Scholarship of $150 will be available to a M.A.R.N. member, selected by the association for post-graduate work at the School of Nursing, University of Manitoba.

4. Under the able leadership of Miss Anne Carpenter, an Instructors' Institute is to be held annually to review and reconstruct the course content for both qualifying and registration examinations.

5. Some of the achievements of the Examining Committee are: (a) All examination questions for the qualifying and registration examinations are discussed and approved in committee. (b) All papers are examined in committee. (c) All papers in both qualifying and registration examinations receiving marks of 50 to 59 inclusive are re-read. (d) Students who fail or are disqualified have the privilege of presenting their case before a Board of Appeal set up by the Senate of the University. (e) Approval of the management of the first-year qualifying examinations was unanimous among the twelve schools of nursing in Manitoba. In a study of the first-year qualifying examinations for the years 1942-45, the percentage of failures has been found to be very low—less than 5 per cent.

Miss Pettigrew expressed the gratitude of the board and general membership to Mrs. Marion Botsford, the acting executive secretary, who had resigned to join her husband in eastern Canada.

The Manitoba Association of Registered Nurses was most happy to have Miss Ruth Harrington, associate director, School of Nursing, University of Minnesota, as the guest speaker at the annual meeting. Miss Harrington spoke on "Modern Personnel Practices." She pointed out that in the hospitals the personnel policies should revolve around the best service to the patient, while the policy of the school of nursing should be related to the education of the student. Miss Harrington then outlined the techniques of personnel practices which include: (1) Find out abilities and interests of students and

workers; test for specific interests. (2) Study the physical surroundings and examine the wards and workrooms—their set-up often may be the cause of fatigue and frustration. (3) Living accommodations play a large part in the adjustment and satisfaction of the worker. (4) Time should be given for professional meetings at all levels of employment. (5) Need to work together democratically; wider use of committees. (6) Scale of recompense—usually there was not enough difference in range between non-professional and professional groups. In changing positions, should be able to start where past experience permits. (7) Periodic evaluation of workers—method should be objective with participation by the worker. Salary increase and promotion should be based on the results of evaluation.

The reports of the acting executive secretary and registrar were given by Mrs. Botsford.

Friday evening, a most interesting panel discussion of "Staff Education" was presented by Miss Isobel Black, convener, assisted by Misses H. McDonel, H. Woznesensky, H. Miller, L. Barker, M. Hart.

Saturday morning was given over to the reports of the sections, graduate nurses associations, standing committees, special committees, and the Manitoba Student Nurses Association. Graduate Associations from Brandon, Dauphin, Flin Flon, and Selkirk reported on their work. Of special interest were the reports of the Placement Service, the Liaison Committee, and the Manitoba Student Nurses Association.

At the conclusion of the morning session, a most instructive film, "Nursing Care of the Cardiac Patient", was shown through the courtesy of the National Film Board.

At the Public Health luncheon, Dr. Harry Williams was the guest speaker and gave a very interesting address on "Parasites Introduced to Manitoba by War Returnees."

The highlight of the Saturday afternoon session was "Medical News Summary" in which the following participated: Dr. E. W. Pickard—"The Present Scope of Reparative Surgery"; Dr. Paul K. Tisdale—"Some Aspects of Internal Medicine during and since World War II"; Dr. Paul Green—"Rehabilitation of the Paraplegic Veteran." Several young returned men demonstrated the wonderful results that are being made with these cases.

Mrs. M. Anderson spoke on "D.D.T. and its Uses" and Miss B. Vermeersch on "Venereal Disease in Manitoba."

The banquet allowed for relaxation and the opportunity to visit with old friends. We were honored to have among our guests at the head table His Honor, the Lieutenant-Governor and Mrs. McWilliams and the American Consul and Mrs. McKinney.

Miss Ruth Harrington was the guest speaker and her address on "Post-War Adjustments in Nursing Education" was both timely and challenging.

M. VIOLA LEADLAY
*Acting Executive Secretary, M.A.R.N.*

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## Annual Meeting of Victorian Order of Nurses

The two-day annual meeting, which was held recently in the Chateau Laurier, Ottawa, was attended by delegates from 70 of the 102 branches of the V.O.N. for Canada.

The various reports of committees gave insight into the many phases of the work of the Order. Miss Elizabeth Smellie, Chief Superintendent, told of a year of expanding services in spite of the continuing shortage of staff. Over 100,000 cases were cared for in 1945, to whom 756,984 visits were made for nursing care, maternity service, or health instruction. New branches have been organized and new services have been undertaken by a number of the branches. One of the most interesting developments is being undertaken at the request of the Department of Veterans Affairs, namely, that the Victorian Order nurses will give nursing care on a cost basis to eligible veterans who are referred by D.V.A. area physicians.

From the nursing point of view, the most outstanding accomplishment reported concerned the introduction, during the past year, of the Retirement Income Plan. The plan has been made possible by the enterprise and generosity of the past president of the Order, Mr. J. W. McConnell, who established the

Princess Alice Fund and raised over one million dollars for the purpose.

Being keenly aware of the need for additional qualified public health nurses, fifty scholarships of $500 each were awarded during 1945, and it was announced that the same number will be awarded this year. Another measure, which was undertaken by the National Office on an experimental basis last year and will be continued for 1946, is the granting of an allowance of $75 for uniforms to fully-qualified public health nurses entering the service.

The delegates were privileged to hear addresses from two prominent Americans. The Honorable Ray Atherton, ambassador from the United States, who gave the luncheon address on the first day, was amazingly well-informed concerning the Victorian Order and referred to this service as being an excellent example of what could be accomplished in a democratic country. Miss Jessie L. Stevenson, consultant in orthopedic nursing, for the National Organization for Public Health Nursing, spoke primarily to the nurses and pointed out the need for applying sound orthopedic principles.

For many of those people, lay and professional, who are connected with the Victorian Order, the annual meetings provide the only opportunities for personal contact and discussion of mutual problems. In an organization whose activities are carried on in districts scattered across the country these meetings do much, therefore, to strengthen the awareness of common objectives.

## Extra Rations

For the benefit of those doctors who wish to obtain extra rations for their patients, the Wartime Prices and Trade Board has issued a reminder that the doctor's statement to the Board must contain the following information: name and address of the applicant; name of the disease; kind and amount of rationed food required over and above the regular ration; the length of time these extra rationed foods will be necessary; and the age of the patient, if under sixteen.

The Ration Administration has experienced considerable difficulty in complying with doctors' requests for extra rations when complete information as to their patient's requirements has not been given. For example, a doctor will write in to the Ration Office saying that Mrs. Jones needs extra sugar because she has a certain ailment, but there is no indication as to how long the patient needs the extra sugar or how much she needs, etc.

For those doctors who are not familiar with the amount of sugar, corn syrup, or other preserves which each ration book holder may obtain without any extra requisition, the Board has drawn attention to the fact that each sugar-preserves coupon is worth one pound of sugar or any one of the following: 30 fl. oz. of blended table syrup, cane syrup or corn syrup, two quarts of molasses, 24 fl. oz. of jam, jelly or marmalade, four pounds of maple sugar, or 48 fl. oz. of maple syrup.

## Victorian Order of Nurses

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

**Appointments:** *Mrs. Nancy Robinson* (University of Toronto School of Nursing) to the Ottawa staff; *Helen Thompson* (University of Western Ontario public health course) to the Border Cities staff; *Ruth Sheppard* (Royal Alexandra Hospital, Edmonton, and University of Alberta public health course) temporarily to the Oshawa staff.

**Transfers:** *Eliesabet Janzen* from Sudbury to the Kitchener staff.

**Resignations:** *Hope Gauld* from the Victoria staff; *Mrs. Camille Horvath* from the Hamilton staff; *Dorothy (Piche) Hanwell* from the Sudbury staff; *Hilda Richardson* from the Victoria staff.

## Nurses' Capes Needed

The response to the appeal for capes made earlier met with very great success. Recently our National Office received a request for a few more full-length capes. Who has one put away in moth balls that could be spared? Send them to: **The Canadian Nurses Association, 1411 Crescent Street, Montreal 25, P.Q.**

## STUDENT NURSES PAGE

# Preschool Habit Training

PEARL C. KINCH

*Student Nurse*

*St. Elizabeth's School of Nursing, Sudbury, Ont.*

THE HABITS OF CHILDREN, both good and bad, are the results of the training or lack of it given by the mother and father from the time the child is born. It is important to recognize the significance of the first few years. What Johnny is at six years, is the result of baby John, plus the experiences he has encountered during the preceding six years. During the first year, a great measure of growth is achieved, and the baby seems to be very little aware of the external world. He takes no active part in it except to gain nourishment. By the end of twelve months, he presents a different picture. He is struggling to express himself verbally and to achieve locomotion. He becomes very curious concerning this world about him and extremely keen to explore it.

An infant is born into the world with certain forms of behavior perfectly prepared or readily acquired a little later as needed. These actions are autonomic and require no conscious attention. It is important that mothers should recognize, however, that it is by no means an easy task for a baby to learn to retain his urine, to drink from a cup, or to do up his coat buttons. These are not reflex actions, but have to be taught gradually as muscular skills develop. The baby's first experiences, and his environment during the first two years especially, are extremely important. Difficulties are bound to occur now and again. The parent needs to remember that the child has an active mental life, and needs sympathetic and tactful handling.

Let us discuss a few of the difficulties which may arise and see what methods have been recommended to overcome them. The formation of good habits is dependent on parental skill in recognizing behavior problems and in seeking the most satisfactory solution to meet them:

1. *Feeding difficulties:* Apart from various physical causes, psychological factors have a considerable influence on the digestive processes. Fear has a marked effect on the functioning of the stomach, the gastric juices, the bladder and bowels. In many cases, flatulence, acidosis, constipation, vomiting, and diarrhea are best understood and cured if treated as anxiety symptoms. As the baby grows older and he is able to eat with a spoon, his meals may be taken at his own little table and as little fuss made over them as possible. If the food is not all eaten, little notice should be taken. Forced feeding only makes mealtimes a battlefield strewn with bits of food, and usually defeats its own ends as the food is unlikely to be properly digested. The golden rule about feedings is "to be calm and unconcerned, and let meal-times fall into the normal routine and not assume undue importance."

2. *Thumb sucking:* This is not of very great importance in babyhood, but it may be regarded as a signal of distress if it persists long into childhood. It often helps to give such children a substitute. Lollipops, chewing gum, a bracelet, or a string of beads to suck may mark a step on the way to complete breaking of this habit. Mild mechanical restraints, such as bandaging the thumb or closing up the sleeves of a nightgown, are permissible only if the child himself shows that he wants them and if you are, therefore, certain that they do not represent humiliation. No matter what simple restraining devices are used, children who suck their thumbs or fingers will also need help in their general adjustments to living. Thumb-sucking children are often shy and unable to hold their own with others their own age. They may be dissatisfied at home, struggling with an unsatisfactory relationship to one or both parents, or with jealousy of a new baby, etc. At school age, inability to meet school requirements may play a part. Only by studying the child's emotional needs and helping him to find a genuine readjustment to the whole problem of growing up can any headway be made.

3. *Toilet habits:* Perhaps more family quarrels have been caused by difficulties in toilet training than by any other aspect of baby's learning period. It is important to discover the baby's natural rhythm regarding bowel and bladder movements. He should be held out at certain fixed times to try to encourage regularity. The toddler should be taught to ask when he needs the toilet, and to become as self-reliant about toilet habits as possible. No undue stress should be put on accidents which are bound to occur, and the whole training process should be treated as unemotionally as teaching a child to fasten buttons or to learn to count.

4. *Sleeping habits:* Difficulties in regard to sleep are more likely to occur in the second and third years than in the first year. Independence in sleeping habits should be encouraged as early as possible. If it can be arranged, it is best for the baby to have a room of his own, or with another child, the mother at the same time keeping within call. Regular hours for bed-times and for wakening-times will help the baby to acquire good sleeping habits. It is important to avoid sudden wakenings by noises or disturbances at night.

5. *Temper tantrums, fits of obstinacy, violent screaming:* These are very common during the preschool years. They are a healthy sign if they are not too frequent, nor too persistent. To some extent they are an expression of independence, representing a child's desire to pit his will and his strength against his parents. Temper tantrums occur very frequently during the routine procedures of toilet and feeding. Anger is also a normal reaction to restriction, and a healthy child will show anger when he cannot get what he wants.

A few suggestions regarding the best methods of dealing with these difficulties are as follows:

(a) Avoid situations likely to cause tantrums so far as possible.

(b) Encourage self-help in every way.

(c) Ignore temper displays as much as possible.

(d) Never give in to a temper or the child may use this as a weapon to gain his own ends on other occasions.

(e) Try removing him to another room, but do not leave him alone. He needs adult support during his bouts of anger.

(f) Never lose your own temper, but remain as calm and reassuring as possible. Try to talk him out of it, or distract his attention.

If the above methods are practised from the time the child has his first tantrum, he will gradually realize the futility of it all, and by the time he has reached school age will have outgrown this childish habit.

6. *Nail-biting, skin-picking, head banging:* Head banging is more characteristic of the two-year-old than of the older child, but skin-picking and nail-biting frequently persist into school age and may become so-called nervous

habits. Face-picking, or similar practices which threaten some injury or real disfigurement, may require medical advice and some sort of bandage to prevent possible infections. Severe punishment or mechanical restraints, which drive the child into a frenzy of anger or terror, should always be avoided.

The child must have constant reassurance. Try to increase his confidence and reduce any particular strains that he is facing. Avoid too much nagging, and supply needed comfort rather than blame. Some pleasant healing ointment might be soothing to the skin. Olive oil is good for the nails. With an older girl, the gift of a pretty manicure set may do much to encourage pride in keeping her hands nice.

7. *Fears:* This is a normal phase of child development, but it is essential for parents to reassure the child and let him feel they are trustworthy, affectionate, and competent people on whom he can rely. Children will normally grow out of their fears, but there are certain ways by which we can help them to grow out of them more quickly. Give him rational explanations of events and things which seem strange to him. Give him a light at night or leave the door open if he is afraid of the dark or, perhaps, just sit quietly by him for a short time if he has difficulty in falling asleep. Avoid over-stimulating his imagination with fairy tales, etc., especially just before he goes to bed. Above all, do not laugh at him, scold him, or try to tease him out of his fears.

8. *Difficulties in social adjustment:* Social difficulties during the preschool years are very frequent and reach their height usually when the child is about four years old. This business of "getting on with people" is a difficult one, even for grown-ups, and it is especially difficult for the three or four-year-old. Quarrels usually arise in relation to possessions or privileges. Sharing toys, and taking turns, are two feats which test the young child's power of adaptation to the utmost.

At the beginning, the baby has his mother's exclusive attention, but has, however, to learn, when still quite young, to share his mother's affection and care with a number of other people. He resents sharing these precious possessions and privileges. Jealous feelings and keen rivalry arise. It involves great powers of adaptability on the part of the child, a good deal of tactful help, and a certain amount of non-interference on the part of the adult to learn to make satisfactory adjustments.

Parents cannot make friends for their children, but they can help them to build up those traits which will make friendships more easily obtainable. They must avoid any show of favoritism within the family. Firm rules should be made and enforced with regard to taking turns and sharing common possessions. The child needs enough space and toys of his own.

It is usually best to allow, and try to accept as a matter of course, a certain amount of quarrelling. The children should be left to settle their own quarrels, if it is felt that adequate justice will be done. Occasionally, interference is necessary to make a definite ruling or prohibition, to prevent real damage to the weaker or younger child, and to suggest alternative occupations. Often a quarrel can be avoided if it is foreseen and side-tracked.

9. *Masturbation:* This habit is far more common than is generally recognized, and occurs in almost all children. Just as a baby handled any part of its body, such as fingers and toes, so he will handle his genitals. By far the best mode of treatment is to ignore the habit itself, and at the same time provide the child with other things to satisfy him. However, if the habit persists and appears to be absorbing a good deal of energy, psychological treatment, especially after five years of age, may be advisable. Above all, do not increase the child's sense of guilt by threatening, etc. This will only increase his conflict without helping him to outgrow the habit.

10. *Speech defects:* Speech difficulties of various kinds often come and go during the period of early childhood. Stuttering probably troubles parents more than any other form of speech difficulty, since they quite naturally fear that this symptom heralds the beginning of a habit that will persist as a major handicap through life. It is very hard for them to keep from embarking at once on a drastic course of training and correction "while there is still time." Yet the first thing for them to understand is that by far the greatest amount of stuttering in children from two to five years old is of a transient nature; it comes and goes, and gradually disappears altogether as the child gains greater ease and sense of security in living. This does not mean that it should be ignored and considered unimportant. Like other emotional disturbances, it is an indication of some inner strain in the child's life, and every effort should be made to eliminate this strain.

The arrival of a new baby, tense or angry encounters with adults about eating, difficulties with other children, or encounters with the neighborhood bully—all these things are possible sources for a variety of symptoms, and stuttering may well be one of them. The following are a few do's and don'ts for parents of a stuttering child:

(a) Don't scold or shame the child about his speech, or force him to go back and correct a sentence in which he has stuttered.

(b) When he struggles with a word or phrase, supply it for him, so that he can go ahead and express himself without the sense of frustration that comes from being defeated in this attempt.

(c) Give him plenty of manual and physical activities. Let him relax and enjoy life wherever possible.

(d) Get an hour or so of added rest into his day. Keep him in bed a half-hour longer in the morning. Try to arrange it so that he has many more relatively inactive hours during the day.

(e) Most important, follow the best plan of treating the *child* not the symptoms, looking for sources of strain in all his life relationships, and trying to help him discover as many satisfactions as possible.

11. *Negativism:* Between the ages of two and four comes a period that is characterized, among other things, by what is called negativism. Before this time the child is largely dependent on adults. When he begins to get about under his own steam, however, he also makes the discovery that he possesses powers of many kinds. If he wants something, he can go and get it. He learns to say "no", even before he knows the actual meaning of the word. Clearly, he is trying his wings. What a parent needs during this time is good humor, plus firmness and a large understanding of how the child himself feels. Try to find ways for teaching him that certain things have to be done. It is far better to let him believe that he does things himself instead of making him feel defeated and dominated by grown-ups at every turn. Learn to preserve the child's drive for independence, and still make it possible for him to realize that independence carries certain conditions with it.

12. *Destructiveness:* Angry children, like all angry creatures, are often very destructive while their tempers last. The anger may not always be of the explosive type. Some youngsters seem to derive special satisfaction from tearing books apart, smashing toys, marking up walls, hammering furniture to bits, etc.

This destructiveness is not to be confused with a child's quite normal desire to explore and to find out for himself what makes things tick. Everything should be done to help such children find plenty of legitimate outlets for their energy, and to induce them to use chalk on blackboards rather than on the wall, to become interested in the contents of a book rather than tearing it. It is only through patience and understanding on the parent's side, and the passing of time, with the child's consequent increased knowledge of right and wrong, that this habit can be eliminated.

These are some of the more important "bad habits" acquired by children during their preschool years. We must not be afraid to recognize the presence of emotional difficulties in little children. We must realize that they are almost universal, and that even in the most outwardly perfect home, tantrums, night fears, food fads, etc., are very common.

It is worthwhile to try to discover, by a little thought and study, a few simple ways in which to help preschool children to pass through this stormy period into the comparative calm of the early school years. Life with the "under six" may be rather a battle at times, but it is a glorious one. It may be rather a puzzle, too, but an interesting one, and, though a strenuous journey, it will be an enjoyable one.

# An Up-to-date Laundry

ERIC HIGGINS

WITH THE ADDITION of a second new wing to Grace Hospital, Windsor, Ont., it was found necessary to completely remodel and enlarge the laundry department to take care of the requirements of the resultant greater number of staff and patients. These improvements have aided greatly in maintaining the efficiency and economical operation of this department of the hospital. The former building was a two-floor structure with the presses on the second floor. Now the ground floor space has been almost doubled, which provides plenty of room for the additional machinery and the necessary staff to run it.

The building is also well lighted and ventilated. A complete ventilating system has been installed, with filtered cool air for the summer months and warm air for the winter months. It is distributed evenly through ducts throughout the whole laundry. Two exhaust fans draw out the hot air.

*The ironing piles up!*

Directly above the flat work ironer is a large skylight, which not only takes away the heat but makes it light and airy for the operators.

The old wooden washers have been replaced with monel metal machines—the first 36″ x 54″, the second 48″ x 64″, and the third 48″ x 84″. Each one is equipped with a safety device. Immediately the door is opened the machine stops. Washometers and self-closing water valves have been installed on each of these machines. With the installation of the washometers, considerable time is saved because they automatically time the operation and dump the water, ringing a bell to draw the operator's attention.

With the use of two 40″ extractors, the linen always has complete extraction. One is equipped with a timing device which cuts off the power and applies the brake. Each machine has a safety lid which cannot be opened when the machine is in operation. The one large tumbler previously in use has been replaced by three new 36″ zone air drying tumblers. These are also equipped with a timing and safety device.

A new six-roll 120″ flat work ironer has been a great help in keeping the work moving in a steady flow. The linens travel clockwise through the laundry without any bottle-necks and without annoying accumulations.

Each machine in the laundry is individually motor-driven and each is also equipped with the latest safety devices.

*General view of laundry*

Nurses always have to be spic and span, and what nurse is there that does not like to hear the rustle of a stiff apron as she hustles through the corridors of the hospital? So a 50-gallon monel metal starch boiler was added to the laundry equipment, with two sets of uniform press units, operated with compressed air. It is impossible for an operator to get her hands in these presses because of special safety controls.

The laundry is now well supplied with hot water. Directly above the hospital boiler-room, a 1,500-gallon hot water tank was installed. Exhaust steam from the boiler-room passes through a pre-heater, to the high-pressure heater, then to the tank. It is controlled with an automatic valve which closes at a temperature of 180°.

Nursery linen is placed in bags and washed separately from hospital linen, dried in the tumbler, and sent directly to the nursery linen room. Soiled diapers are placed in separate bags and sent to the laundry. Stained case-room linen is also placed in bags and sent directly to laundry. Nurses do not rinse out diapers or stained linen before sending it to the laundry. Linen from septic cases is collected in special individual bags at the patient's bedside. A second nurse comes to the door with another bag marked "septic", and the nurse taking care of the patient places the bag of contaminated linen into the outer bag which has not been in the room. The second nurse closes it without touching the contaminated bag and the bundle is sent directly to the laundry. This linen is brought to the boiling-point and bleached with 1 per cent sodium hypochlorite, in addition to the usual five-minute flush in clear water, two washes in suds, using a good grade of soap, and then a rinse in clear water.

A very comfortable lounge and dining-room, also wash-room facilities for the staff, are arranged on the second floor.

## Preview

What is the nurse's reaction when she herself becomes ill and has to be waited upon instead of doing the work? There is a rumor that nurses make appalling patients! One of our outstanding leaders of nursing in the Maritimes, **Reverend Sister Kerr**, has had an opportunity to find out what it is like. Her humorous yet revealing account of her experiences will reach you next month. She proves that nurses are very human after all.

# Letters from Near and Far

*Nursing in Labrador*

To those who wish to serve where there is a real, vital need, and to those who find satisfaction in pioneer nursing where they may use their initiative and skill, the Labrador Coast still calls nurses. I would like to tell you about one or two really interesting cases. These cases were not away off in another land, but right in the Province of Quebec and only a few hours by plane from Quebec City.

In the midst of a Labrador blizzard, I received a wire saying, "Get a team and come at once—our team will meet you half-way. Robert has had an accident." This did not mean a horse and buggy, but a dog-team. I jumped into my woollies, threw a few emergency instruments, bandages, disinfectants, and sedatives into my bag and was ready. Wind had caused the snow to drift into wave-like ridges. The dogs would wallow through light drifting snow; the komatic would balance half over the ridge, pause in mid-air, and then would come down from the snow-peak wave into a drift of light snow. About half-way to our destination we met the other team coming for me. My driver advised having the two teams travel side by side so that I could ride first with one team then with the other, thus lessening the continuous drag for each team. The dogs seemed to have new courage and strength and we made much better time.

On arrival, I took one look at my patient and then sent a wire to see if a doctor could come. I certainly hoped he would! The whole top of Robert's head had been laid open to his skull. The doctor replied, "Go ahead." I had never tackled such a wound, but there was no way to get out of it. I knew it was not advisable to give an anesthetic to uncertain skull cases except in extreme emergencies, and especially without a doctor available.

A wind-charger had ripped open this young man's head. Part of the shreds from his old leather cap still stuck into the matted hair and open wound. He had left a trail of blood from the wind-charger, down the path, and through the house. His head was a gory sight. (He still shows his cap to visitors as the saver of his life!!)

I padded about in sealskin boots and set up a sort of operating-room. Finally, without fainting or making a sound, Robert gritted his teeth and I got the area around the wound shaved, cleaned, and ready for operation. Now, came the difficult task of suturing. He certainly had a tough scalp! As suture after suture was pulled through, the only indication of the pain he was suffering was his twisted facial expression. To my enquiries, "Can you stand it?" He would reply, "Go ahead." The courage and grit of these fishermen, when undergoing operations and pain, would put many of us in the city to shame.

Several days later, he was able to drive his dog-team the six miles to the Station to have his dressing changed.

I marvelled at a strange phenomenon in connection with this case. This young man told me that he had hardly been free from headaches for several years. Six months later, he said that he had not had a headache since the accident. Perhaps, in fear of drawing the sides of the wound together too tightly and thus preventing the escape of any pus, some form of pressure had been relieved. This is only a speculative guess.

Another time I had just settled down for a little relaxation on Sunday afternoon, when I heard a loud pounding in the outer door. At my call, "Come in", the door opened, and in walked a tall, husky fisherman, clad in heavy woollens and dickie. As he stepped through the door, he said, "My mother has been thrown from a komatic. I think her leg is broken. I have come for you."

Arriving at the patient's home, I found an elderly woman with a badly fractured hip. She was a very heavy woman and was lying on a bumpy couch. One look at the twisted leg, which swung inward when lifted, and which caused excruciating pain with the slightest movement, told me that the hip bone was broken. What to do? The first thing was to find some sort of splint. I went outside with the man and we managed to find a suitable board. Nothing more could be done about moving her to a hospital until morning because the telegraph office had closed for the night and darkness had settled in. I decided to keep her as comfortable as possible.

To get her to a doctor or hospital would mean moving her thirty-six miles over rough trails by dog-team. It would take at least two days and, if a storm came on suddenly, it might mean two weeks before we could get her to a hospital. It would be torture all the

way. At daybreak, I sent a man over the trail to the telegraph office with a wire for the doctor. Fortunately he was at home. Soon an answer came—"Wait until you hear from me." Shortly afterwards a second telegram came from the doctor, saying, "There is an R.C.A.F. plane patrolling the coast. The pilot has agreed to come back for you. Be ready in an hour."

Hardly had we received the telegram, when we heard the whir of the plane overhead. What a scramble and hubbub followed! The handiest doorway was not large enough to permit the stretcher to pass through and make the bend necessary to clear the outside porch. The only thing to do was to "uncork" another door which had been sealed for the winter. In a few minutes the pasted cloth covering was stripped off. Men passed the stretcher with the patient on it through to other men who carried it to a komatic and then drew it down to the ice. By this time the plane was circling overhead. Suddenly, shouts went up—"Look, she's heading away! They cannot land! They are going on!" This cry was shouted along the waiting line of people. It was a tense moment. My heart sank. We had coaxed the patient and finally persuaded her to ride in a plane. Though suffering, and terrified at the thought of a plane ride, she now saw her only means of transport to a hospital fading away.

Once more shouts went up—'See, she's coming back! She's coming down! She's going to make it after all." Like a great bird, the plane swooped down to the ice, and skimmed straight for us. Men, women, and children scattered in all directions, to make way for this improvised ambulance. A few hundred feet from us the motor gave one last turn, and the plane glided to a stop in front of us. The men lifted the patient, stretcher and all, into the waiting plane. In less than twenty minutes, we were coming down over the hospital, thirty-six miles away. Previously, with another case, it had taken me four and a half days, with three boats, three dog-teams, and an hour's hike, to cover thirty miles. What an opportunity for service will open up for planes in the future!

An x-ray confirmed my diagnosis. Soon the patient was in a comfortable, clean hospital bed. with a doctor and nurses to care for her.

These are just two extracts from everyday life as a nurse on the Labrador Coast. Sometimes I wonder which may be giving the greater service to mankind—the nurse giving private duty care to a wealthy patient, surrounded by every luxury in a modern well-equipped hospital, cared for by specialists, or the nurse who battles the elements to bring care and comfort to some lonely, isolated settler. Of course, this is up to the nurse. She must choose whom she wishes to serve.

—B. J. BANFILL

# Book Reviews

**Journal of the History of Medicine and Allied Sciences.** Published quarterly by Henry Schuman, 20 East 70th St., New York City 21. *Subcription Rates:* $7.50, U.S.A., Canada, and Latin America; $8.50, elsewhere; single copies, $2.50.

Teachers of the history of nursing, who endeavor to bring to their classes the vital spark of new and different material that is not contained in the pages of their regular textbooks, will welcome this new journal, which published its first number in January, 1946. This issue contains such interesting papers as: Pharmacopoeias as Witnesses of World History; Medical Education in 17th Century England; Incubator and Taboo; Animal Substances in Materia Medica.

In launching the new journal, the editor has written: "The medical thought of the past is an important cultural element in the training of every physician, and of every person connected in any way with the provision of medical care." Since nursing is so essential a part of medical care, it is reasonable to assume that from time to time special papers devoted to this important branch will be included, as is anticipated in the outlined scope of the journal.

Though innumerable passages might be quoted to indicate the quality of the information here made available, a few samplings will suffice for illustration:

"In medieval and renaissance theory, mucous discharges from the nose and mouth were held to be evacuations of the humour

'phlegm' from the brain. Latin *pituita* is Greek *phlegma*, an equation which recalls our anatomical term 'pituitary body' ". (*p. 19*)

". . . the *Pharmacopoeia Londinensis* of 1618 was the first original pharmaceutical standard to be official not for the territory of a city republic or Imperial Free City, Duchy or Grand Duchy, but for the whole of a nation . . .

"It was not until 1858 that it was considered opportune to publish and legally enforce a British Pharmacopoeia instead of the standards which 'have hitherto been in use in England, Scotland, and Ireland.' " (*p. 59*).

"It seems that as far as the problem of premature children is concerned, medical science from the time of Hippocrates down to the eighteenth century limited its efforts to discussions of the viability of seventh versus eighth month births. Christianity had brought about a new theoretical attitude toward child and fetus, and outlawed abortion and infanticide, but exerted no practical influence in this domain. The fatalistic attitude of John Hunter that nothing can be done for ill children is symptomatic of the state of things up to the eighteenth century. Though incubators for the eggs of fowl had been known already to the Egyptians, it appears that the systematic use of incubators for the conservation of the premature child started only in the middle of the nineteenth century (Dauncé of Bordeaux, 1857)." (*p. 144*).

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**Government in Public Health,** by Harry S. Mustard, M.D. 219 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1945. Price $1.50 (in U.S.A.).

*Reviewed by E. A. Electa MacLennan, Assistant Secretary, Canadian Nurses Association.*

This monograph is one in a series published for the New York Academy of Medicine Committee on Medicine and the Changing Order. Dr. Mustard says his "invitation" specified that "what is wanted is not merely a survey of the present situation, but knowledge of how it came to be, perspectives to help chart the direction of future developments."

Dr. Mustard has fulfilled his commission admirably in his skilful handling of historical and statistical data. He has given a very concise yet comprehensive interpretation of the development of the public health programs in the U.S.A. Starting with the Services and working through to the local health departments, the share each "area of government" bears in the procuring and maintaining of measures to ensure better health for the people is clearly shown. In the study public health practices are analyzed from the social and political rather than technical aspects of the subject and the author deftly indicates the road to the future as he brings us out of the past.

The chapter on "Activities of government in a public health program" sets forth official relationship first, to "diseases", e.g., acute communicable, tuberculosis, etc., and, secondly, to "services", e.g., sanitation, nutrition, vital statistics. The value of the public health nurse in this total program is well recognized throughout the whole book, but in particular in this section . . . "no operating health agency could conduct a satisfactory program without the public health nurse or her counterpart . . . Activities within this field contribute to practically every element of the health department program." But Dr. Mustard fearlessly states that "nurses are not . . . always utilized to the best advantage. Part of this appears to be due to health officers' ineptness in the use of a keen tool, some of it to an extreme guild consciousness on the part of nurses." And again—"New undertakings must include serious consideration of the place of public health nursing. Possibly future developments may make it desirable to modify and improve the character and type of instruction and training of those who are to go into this field."

The text is carefully documented, making it especially valuable for reference purposes.

Although this book deals entirely with public health developments within U.S. government circles, the principles of good public health practice here delineated are equally applicable in any democracy.

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**Nursing and Nursing Education,** by Agnes Gelinas, R.N. 72 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1946. Price $1.00 (in U.S.A.).

Filled with stimulating and useful recommendations, this monograph, which forms a link in the studies of the New York Academy of Medicine Committee on Medicine and the Changing Order, presents nurses everywhere

with a challenge. Miss Gelinas has studied the needs of nursing today and has made many very important recommendations, which, if fully implemented, would change the face of present-day nursing practice very materially. The author says, "It is understandable that public interest centres more on nursing service than on nursing education—the public wants more facilities, wider distribution of service, and lower costs. It wants more nursing, but does not concern itself too much with what makes a good nurse."

Following a background picture of the development of nursing as a profession, Miss Gelinas describes the nursing supply and demand before and during World War II. "Neither the nursing profession nor the public is entirely satisfied with the present methods of supplying nursing care for the nation." She outlines in considerable detail what would constitute desirable personnel policies and how standards may be maintained. She faces the problems confronting nursing education and makes far-reaching recommendations as to how these problems may be solved. She estimates that the supply of nurses and the demand for nursing care are getting further and further apart as new developments mature. One of the methods suggested for bridging this gap is by "the concentration of teaching and training facilities in a few strong schools rather than in many schools of uneven quality." Miss Gelinas states, "Every community should have an organization whose purpose is to survey, at definite and frequent intervals, local needs for nursing services and the available supply of such services." Miss Gelinas feels that "more research is needed and the findings must be co-ordinated."

This is a valuable book for every nurse to study.

## Obituaries

**Amelia Louise Campbell,** a member of the first graduating class of the Royal Victoria Hospital, Montreal, died recently. Miss Campbell served on the staff of her home hospital before going to New York where she engaged in private duty nursing. For a time, she was actively associated with the Vancouver General Hospital.

**Mrs. Sadie (MacLeod) Currie,** of Halifax, passed away recently after a brief illness. Mrs. Currie, who graduated from the Victoria General Hospital, Halifax, in 1915, served overseas in World War I as a nursing sister with the Dalhousie Unit. She later went to France to No. 4 Casualty Clearing Station. During the late war, she went back into service at Camp Hill Hospital in Halifax.

**Grace Margaret Graham,** who graduated from the Hamilton General Hospital in 1939, died on April 2, 1946, after having been in ill health for a long time. Until two years ago, Miss Graham had been active as a private duty nurse in her home town of Palmerston, Ont.

**Anne Younger Peebles,** who was the first white baby to be born in British West Africa, died in Detroit on April 8, 1946. A graduate of Kilmarnock General Hospital, Scotland, Miss Peebles saw service in many parts of the world. She was superintendent of nurses at the British General Hospital in Seville, Spain, when World War I broke out. She returned to Scotland and joined the R.A.M.C. with which she served in France, winning the Croix de Guerre for distinguished service. When the Women's Scottish Hospital Unit was formed, Miss Peebles transferred to it and served in Salonika under untold conditions of difficulty. For her service there, she received the Royal Red Cross.

Coming to the United States in 1924, Miss Peebles took post-graduate work in obstetrics at the Chicago Lying-In Hospital. In 1929, she organized the obstetrical department at the Woman's Hospital, Detroit. In 1931, she was appointed director of nurses at that hospital, a position she filled with great distinction. She was a daily example of what a nurse should be and was revered by her staff.

## Protein Requirements

The daily amount of protein required by the body depends upon the height, weight, and age of the individual. The general standard is 1 gram per 2.2 pounds of body weight. Little children use about one-third of the protein consumed, for growth. Children between one and two years of age use about 2½ grams of protein per 2.2 pounds of body weight.

## Relief for the Starved

In extreme cases of starvation, the digestive tract becomes so emaciated that it cannot digest food. In the horror prison camps in Europe and the Orient it was found that the victims could not swallow and when liquid food was given by tube it was not digested and was finally eliminated by vomiting or by diarrheal conditions.

To counteract this situation proteins in a predigested liquid form were prepared in a sufficiently pure state to be injected intravenously. Kits of predigested proteins, vitamins, mineral salts, and glucose, to rehabilitate victims near death, were used dissolved in physiologic saline solution. Reports show that these dying people, unable to retain food, responded to this type of intravenous treatment within 24 to 48 hours. Gradually they became able to take food the normal way, and finally were restored to health.

—Abstract from *Health*

## Four Classes of Readers

The first may be compared to an hourglass, their reading being like the sand: it runs in and out, leaving not a vestige behind.

The second is like a sponge which imbibes everything and returns it in nearly the same state, only a little dirtier.

The third class is like a filter which allows the pure air to pass through and retains only the refuse and impurities.

The fourth class is like labourers in the diamond mines who cast aside all that is worthless and preserve only the pure gems.

—*Coleridge.*

# News Notes

### ALBERTA

Every spring the Division of Public Health Nursing of the Alberta Department of Health has a renewal of spirit when from north, south, east, and west, from bush country, prairie and dry belt comes the clan to meet in a bang-up conference. District nurses, health unit nurses, and child welfare clinic nurses emerge from their various spheres to find out what is new with each other's programs, with public health nursing in general, and with the medical world at large. It's an event for them all, this conference—a time for taking unto themselves new hats and new hair-do's, a time for thrashing out problems, and a time for asking questions, and how they ask them! And how director Helen McArthur and the guest speakers tie themselves in knots to find the right answers! Everyone inspires everyone else, and everyone goes back to the field with programs and problems considerably clarified.

This year, problems in regard to public health entomology (a delicate way of admitting that we have such things as bedbugs and pediculi in Alberta), immunization, infant feeding, tuberculosis control, school examinations and sanitation received a thorough going over, not to mention divers other impromptu questions which arose.

### BRITISH COLUMBIA

#### Greater Vancouver District:

Janie Jamieson, president, and members of the executive of the district association, entertained recently at a dinner in honor of Esther Beith, chairman of the Labor Relations Committee, C.N.A. Executive members in attendance were: Misses P. Capelle, P. Rowe, C. Charters, E. Gilmour, F. Rowell, M. Munro, E. Huntley, U. Whitehead, I. Goward, Mrs. W. C. Jones; Mrs. A. Beach, president, West Vancouver Chapter; Mrs. F. Mitchell, president, North Vancouver Chapter; Mrs. L. Grundy, president, Vancouver Chapter; and Sr. Priscilla Marie.

The invited guests included: E. Mallory, president, R.N.A.B.C.; Sr. Columkille, director of nurses, St. Paul's Hospital; A. Wright, executive secretary, R.N.A.B.C.; H. Hewitt, assistant registrar, R.N.A.B.C.; Mrs. W. Mercer, president, Science Girls Club; Helen King, assistant director of nurses, Vancouver General Hospital; E. McCann, president, Vancouver General Hospital alumnae; Mrs. McKenzie, president, St. Paul's Hospital alumnae; E. Braund, director, R.N.A.B.C. Placement Service; Mrs. Blackburn, president, Royal Columbian Hospital alumnae; Mrs. Greaves, president, New Westminster Chapter; and Mary Campbell.

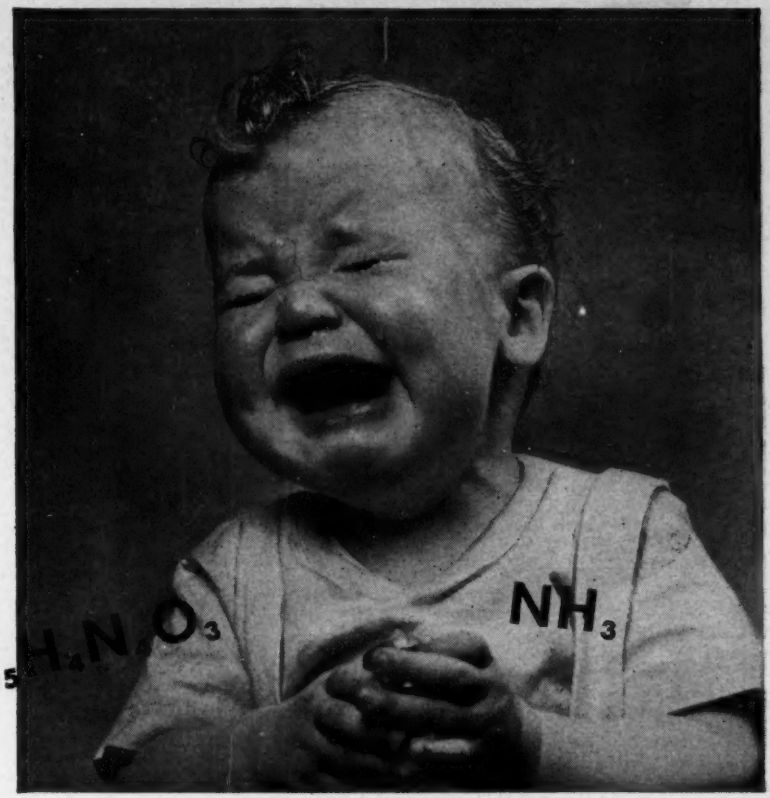
#### Kamloops-Okanagan District:

The officers of this district consist of Mrs. K. M. Waugh as president; secretary, Mrs. D. Hunter; councillor, O. Garrood. The fall meeting was held in Kamloops and the annual meeting in Penticton. The six chapters report varied and interesting programs and activities. A scholarship fund has been built up by the Kamloops-Tranquille Chapter.

#### West Kootenay District:

At the sixth annual dinner meeting, held in Trail, Mrs. Rod Williamson gave an interesting paper on "Registration", telling of

# What is "ACID-MOISTURE"?





## How Z. B. T. Baby Powder helps to resist moisture dermatitis in infants

DERMATITIS in infants brought about by wet clothes is a common and troublesome condition. Because of it the physician is plied with questions by anxious mothers. While normally acid because of uric acid ($C_5H_4N_4O_3$) urine may be converted into an alkaline irritant by urea-formed ammonia ($NH_3$).

On the basis of simple mechanical protection the use of Z.B.T. Baby Powder with olive oil helps to resist moisture dermatitis. Z.B.T. clings like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z.B.T. may be clearly demonstrated. Smooth Z.B.T. on your hand. Sprinkle with water or other liquid of pH higher or lower. Z.B.T. protects skin as the drops roll off.

**Z.B.T. The Baby Powder made with Olive Oil**

its history in B.C., accomplishments, and benefits to members. The president, Mrs. P. Gavrilik, urged more visiting between the local chapters. The annual chapter reports were given by the respective presidents: Nelson, Mrs. J. Miller; Trail, Mrs. H. Gordon; Rossland, F. McLean. A. K. Williams is district representative to the provincial council.

One member, who graduated sixty-eight years ago, travelled sixty-five miles to attend the meeting!

### Vancouver Island District:

Mrs. Myrtle Nicholson, Nanaimo, is president of this district, with Florence Orten, Port Alberni, acting as secretary, and the councillors consisting of M. Fletcher and S. Porritt. Nanaimo was the scene of the annual meeting and the reports of the seven chapters showed varied and worthwhile activities.

The Victoria Chapter joined with the Nursing Sisters' Association and the alumnae of St. Joseph's and Royal Jubilee Hospitals in holding a Welcome Home Tea, when 176 nurses were in attendance, including 51 nursing sisters.

### East Kootenay District:

The officers are as follows: president, M. E. Young; secretary, M. W. Brown; councillor, Mrs. E. S. Kelman. Regular meetings of the three member chapters have been held. It is noted that various methods were employed to promote interest and participation in activities of the chapters. A resolution from the annual district meeting "reflects one of our chief aims—the standardization of working conditions, working hours, and salaries for our members."

### Central Interior District:

Mrs. Jean McDonald, Smithers, serves as president, with Mrs. W. Warner, as secretary, and Mrs. M. Brolin as councillor, both of Prince George. The organizational meeting of this new district was held in April and the programs for meetings of the two component chapters (Smithers and Prince George) have been varied and successful in maintaining the interest of the members. Each chapter has exhibited interest in community affairs and the Smithers Chapter is conducting a Well Baby Clinic.

### Fraser Valley District:

The officers are as follows: president, Agnes MacPhail; secretary, Mrs. G. Grieve; councillor, Muriel Hamilton. The organizational meeting of this new district was held in New Westminster in April. The member chapters include Chilliwack, Maple Ridge, and New Westminster.

### *University of British Columbia:*

The past year has been full, unique, and exciting. For the sixty-eight graduate nurses taking their post-graduate course in teaching and supervision or in public health; for the

twenty-four in their pre-clinical year at the university; and, to a lesser extent, the forty girls in training at the Vancouver General Hospital, the Nurses' Undergraduate Society has offered social activities, athletics, and a chance to contribute to campus service.

The activities, within the faculty, included a fall fireside supper, a Christmas "brunch", a Christmas hamper to a needy family, and a spring tea. With the newly-formed pre-medical Undergraduate Society, N.U.S. helped inaugurate the Medical Ball, which is to be a major campus social event. However, still loyal to the Engineers, a skit was put on at the annual Science Ball "pep" meet. In aid of the War Memorial Gym drive, N.U.S. sponsored two Saturday night "mixers." A child-tending centre on Visitors' Day at U.B.C., assistance to the mobile x-ray unit during its survey on the campus, and help in the recent vaccination clinic rounded out the year's activities.

The second year nurses were particularly active in sports, and, to culminate a good year, N.U.S. was presented with the Women's Faculty Club cup for campus service and spirit.

## MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently held their annual dinner, when nineteen honored guests included the graduating class of the Brandon General Hospital and nursing sisters returned from overseas. Mabel Parrett proposed the toast to the graduating class and N. Morrison responded. Mrs. R. Darrach welcomed the nursing sisters and Marion Patterson replied. Mrs. S. Perdue voiced the feelings of those present for absent members. P. Richardson was pianist. Reports were brought in by Mmes H. Alderson and J. Fargey, and Mrs. J. S. Selbie moved a vote of thanks to the retiring executive. A scholarship, sponsored by the Rotary, Kiwanis, Kinsmen clubs, and the medical faculty of the B.G.H., was presented to Betty McKay. Miss McKay has been associated with the health unit for two years.

The guest speaker was Bertha Pullen, of Winnipeg, whose subject was "The Price Tag of a Profession." Eva McNally thanked the speaker.

Jean Evans is the new president, with N. Crighton as vice-president, secretary, Janet Smith, and treasurer, M. Trotter.

## NEW BRUNSWICK

FREDERICTON:

At a recent meeting of the Fredericton Chapter, N.B.A.R.N., which took the form of a dinner, there were sixty nurses present. The president, Mrs. S. M. Rankin, was in the chair, and it was reported that the recent bridge party had been a success. The organizer of the Maritime Blue Cross Hospital Plan explained the details to those present and then Marion Myers, president of the N.B.A.R.N., and guest speaker of the eve-

ning, was introduced. She told of the work of the C.N.A. and how it is linked up with the I.C.N. on one side and the provincial association and chapters on the other. Miss Myers mentioned that New Brunswick expects to entertain the C.N.A. at their biennial meeting in 1948.

Seated at the head table with Miss Myers were: H. Bartsch, superintendent of Victoria Public Hospital, Fredericton; M. Hunter, director, public health nursing service for New Brunswick; Shirley Grant, J. J. Everett, S. Wetmore, G. Burtt, and M. Barry. Mrs. D. Kimball was pianist and Mrs. J. VanWart convener of arrangements. Attending the meeting were several public health nurses who were in conference in Fredericton.

SAINT JOHN:

At a recent meeting of the Saint John Chapter, N.B.A.R.N., several interesting reports were heard, chief of which was information concerning the aid given by Canadian nurses to members of the profession in England, Holland, and Switzerland. Dr. Tanzman, recently returned from overseas, gave an instructive talk on "The Rh Factor."

*General Hospital:*

The graduating exercises of the Saint John General Hospital School of Nursing were held recently with thirty-four nurses in the class. The Rev. Mr. Angus McQueen gave the invocation and the guest speaker was Dr. W. H. McKenzie, superintendent of the City Schools. Prizes were won by the following nurses: Phyllis Harrity, Winnifred Hooser, Helen Little, Ruth Thomson, Hughena Barrett. A reception followed the exercises.

A dinner dance and bridge, held in honor of the graduating class, proved a happy ending to a successful year for the alumnae association. Four meetings were held during the year and among the speakers was N/S Alice Carney, a S.J.G.H. graduate, who told of her experiences in South Africa and on the hospital ship, *Letitia*. A reception was held in March in honor of the returned nursing sisters. Parcels are being sent to a Belgium nurse now ill in Switzerland.

Helen Cahill has been appointed supervisor in the operating-room, replacing Marjorie Clarke who resigned to accept a position in a doctor's office. Margaret Fuller is now head nurse on the 5th floor. Mildred Johnston has joined the out-patient department staff. Alice Carney has returned to the 2nd floor.

The following nurses have resigned: Mrs. Natalie (Gow) Evans to join her husband and leave for Alaska in the near future; Helen Forrest to be married; Genevieve Case from the pediatric department, her position being filled by Frances Stanley; Mrs. Muriel (Ronald) McAfee to join her husband; Erna Hartz to accept a position in a doctor's office; Isabel Richardson from the 4th floor, replaced by Mrs. Dorothy Eaton.

## NOVA SCOTIA

SYDNEY:

The annual graduation exercises of the City of Sydney Hospital were held recently, and the class was also honored at a banquet sponsored by the alumnae association. One of the highlights of the evening was an address by Hilda Boutilier who has recently returned from overseas after serving with the R.C.A.M.C. While overseas she was matron of several of the Canadian General Hospitals. The senior Ladies' Auxiliary of the hospital entertained the graduation class and their friends at a private dance.

## ONTARIO

### DISTRICT 1

CHATHAM:

At a recent meeting of the Chatham Public General Hospital Alumnae Association plans were made to celebrate their Silver Anniversary. These include a reception and tea, in honor of the association, held jointly by the Board of Trustees, the Women's Hospital Aids, and the nursing staff, and class reunions, luncheons, and teas for the various groups. The annual graduation exercises will also be part of the festivities when thirty nurses receive medals and diplomas. The guest speaker will be the Hon. Russell T. Kelley, Minister of Health for the Province of Ontario. A reception will follow, with the Ladies' Assisting Society acting as hostesses. Later, a banquet is planned when Col. Agnes Neill, Matron-in-Chief, R.C.A.M.C., will be the guest of honor.

A drive is now underway to increase the membership of the association.

WINDSOR:

The alumnae association of Grace Hospital completed a successful year under the splendid leadership of Mrs. Dorothy Howard. Some very interesting meetings were held and the attendance was reasonably good throughout. The outstanding night of the year was the re-union in June, with over one hundred in attendance. Following a buffet luncheon, a short program was enjoyed and prizes presented to those who had raised the highest talent money. Other interesting events included a sleigh-ride party, "Pot Luck" suppers, and social evenings, etc., and several special speakers.

Three 1945 graduates—Clare Hicks, Elsie White and Mary Leyden—were awarded bursaries by the V.O.N. for courses in public health at Western University. A bursary has also been provided by the Ladies' Auxiliary for a course at Toronto or Western universities.

The staff, training school, and alumnae donated capes, and funds with which to purchase new ones, with the other nurses of the city for the nurses of Holland and will also be pleased to assist with providing boxes of food, which are now required.

The graduating class was entertained at a lovely tea at the home of Mrs. Wood, the

mother of one of the alumnae members, Mrs. Lorraine Bertram, and the graduates were presented with hypodermic outfits.

Miss Rhoads was elected treasurer and Miss Burgess secretary, the remainder of the executive remaining the same. Under the capable leadership of the president, Mrs. Howard, we are looking forward to a happy and profitable year.

### Districts 2 and 3

GALT:

At a recent meeting of the Galt Hospital Alumnae Association, presided over by Hazel Blagden, it was decided to furnish the office of the instructress in the new school for nurses, to be established at the hospital this fall. Pearl Stiver, of the Department of Health, Toronto, was the guest speaker. She is taking an active part in the VD campaign and films on the subject were shown by the Galt Civic Service Club.

GUELPH:

The Guelph General Hospital Alumnae Association recently entertained the nineteen members of the 1946 graduating class at its annual dinner. Members and ex-members of the services, who were present, were accorded a warm welcome by the president, Mrs. W. Redmond. Madeleine Kelly, accompanied by Mrs. C. V. Pond, rendered a vocal solo. J. Watson proposed the toast to absent members, M. Reid the toast to the graduating class, responded to by F. Dent, and the toast to the training school, proposed by C. Blake, was replied to by the superintendent, S. Agnes Campbell.

The guest speaker, Rev. H. G. Lowry, of Elora, formerly with the R.C.A.F., described his experiences with the sick during his service overseas.

### District 4

Approximately two hundred members attended the recent annual meeting of District 4, R.N.A.O., held in Hamilton, with the chairman, Ada Scheifele presiding. Reports revealed a marked increase in activity in sections and committees. Dr. H. Roy Brillinger, director of the mental health clinics in Hamilton, addressed the meeting on "Emotional Maturity." Miss Scheifele was re-elected chairman with Anna Oram and Helene Snedden as vice-chairmen and Irene Lawson as secretary-treasurer.

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At a recent supper meeting of the Hamilton Industrial Nurses Association, Mrs. Solloway, of the American Can Company, presented a very comprehensive report on the American Industrial Nurses Convention in Chicago.

Doris Featherstone, of the Canadian Westinghouse Company, recently attended the institute on industrial nursing at the University of Western Ontario.

The association has forty actively inter-

ested members and is tentatively planning a course of lectures to be held this fall at McMaster University in conjunction with the Industrial Division of the Academy of Medicine.

*Hamilton General Hospital:*

At a recent meeting of the Hamilton General Hospital Alumnae Association, held at the Mountain Sanatorium, with Ella Baird, the president, in the chair, Dr. C. H. Playfair, superintendent of the sanatorium, was the guest speaker. His subject was "Nurses in Action" and his remarks were based chiefly on the Italian campaign. Dr. Playfair served overseas for six years.

Plans were made for the entertainment of the ninety-six members of the graduating class at a dance.

Edith Bingeman and Elizabeth Ferguson, having completed the administrative course at the University of Toronto School of Nursing, have returned to the staff.

## District 6

PETERBOROUGH:

At a recent meeting of Chapter C, District 6, R.N.A.O., with twenty-nine members present, Miss Hurtubes presided. A report was received from the public health section, and the program consisted of a demonstration of a bed bath by Mary Pickens, secretary-treasurer of the district. A lively discussion followed, led by Miss Lawless, convener of the hospital and school of nursing section.

## District 7

Members of District 7, R.N.A.O., plan to hold a shower in aid of British, Dutch, and other nurses who are hospitalized in Switzerland. Articles contributed will be food, clothing, and comforts which are so urgently needed. The nurses of the Department of Health, Kingston, are sending a box of necessities monthly to some graduate of the public health course at the University of Toronto School of Nursing who has served in Europe. Student nurses of the district are contributing to the Greek Scholarship Fund.

KINGSTON:

*Hotel-Dieu Hospital:*

At the recent graduation exercises of St. Joseph's School of Nursing seventeen nurses received their diplomas and pins.

*Kingston General Hospital:*

Thirty-eight nurses were graduated from the school of nursing on the occasion of its Diamond Jubilee.

*Ontario Hospital:*

Members of the Ontario Hospital Alumnae Association and the student nursing staff recently entertained about thirty-five young

ladies from K.C.V.I. and Notre Dame Convent. This was part of a program to interest students in nursing as a career with emphasis on the psychiatric field. The guests were welcomed by Miss E. G. Smith, superintendent of nurses. Dr. G. Wilson, assistant superintendent of the hospital, gave a short talk introducing psychiatry to them. The girls were later taken on a tour of the various departments and entertained at tea, with Mrs. H. Mills in charge, assisted by Mmes J. B. Garvin and W. Newman.

Margaret Calcutt, an intermediate student, addressed the guests informally, telling them why she had decided to train as a nurse.

The instructress of nurses, Florence Latimer, outlined details of the curriculum. At the close of the meeting a tour of the spacious grounds of the hospital was made.

Ten nurses received their diplomas at the recent graduation exercises.

### DISTRICT 8

OTTAWA:

The St. Luke's Nurses Alumnae Association entertained at the Chelsea Club in honor of Emily J. Maxwell, O.B.E., who recently retired from the nursing staff of the Ottawa Civic Hospital. Elizabeth Smellie, Gertrude Bennett, I. Dixon, M. Downing, M. Stewart, and Mrs. W. A. Oliver were the guests of honor. An address of welcome was given by Mrs. R. Stewart, president of the alumnae, and a corsage bouquet and cheque was presented to Miss Maxwell by K. McIlraith from the graduates of 1901-24. Those in charge of arrangements were: Mrs. R. Brown (convener), assisted by Mmes Powers, Swerdfager, Creighton, Misses M. Nelson, G. Woods, N. Lewis, M. Wilson, and I. Johnston.

### PRINCE EDWARD ISLAND

At the Charlottetown Hospital, three of last year's graduates are at present on the staff, and it is hoped that some of the fourteen graduates of the 1946 class will remain for a while. The private duty nurses have started on their eight-hour duty schedule with increase in pay.

Georgie Brown, who recently resigned from the Prince County Hospital, Summerside, as superintendent, is now with the New England Baptist Hospital. She has been replaced by Margaret Jamieson, a graduate of Jeffery Hale's Hospital, Quebec City. Norma Craig is now obstetrical supervisor at the P.C.H.

### QUEBEC

MONTREAL:

*Royal Victoria Hospital:*

At a recent staff meeting addresses were given by Mrs. Bennett, nursing officer of the Ministry of Labor, Great Britain, and Frances Goodall, general secretary of the Royal College of Nursing.

Recent visitors to the school included: Z. Tsoukala of Greece and C. Mechelynck of Belgium, who are observing nursing schools in Canada; N/S Edith Pratt, recently returned from overseas.

Miss Geiger, who served with UNRRA in Europe, is now with the U.S. Health Department. Kaye Cooke has accepted the position of assistant supervisor, Ross Pavilion, replacing Margaret Smith who resigned to be married. Mary Roach, recently discharged from the R.C.A.M.C., has returned to her position in the neuro-physiology department. Mildred Goodill is doing private duty.

*St. Mary's Hospital:*

The annual dinner and dance tendered by the St. Mary's Hospital Alumnae Association

for the 1946 class was held recently. Twenty-eight new graduates sat down to dinner with older graduates representing every class since the beginning of the hospital. The president, Mrs. W. E. Johnson, welcomed the new graduates into the association and Rita O'Donnell, president of the class, responded in thanks. Toasts were proposed by A. Marwan, E. Toner, and R. Beaudet.

The Rev. Father M. T. J. O'Brien was the guest speaker and his topic dealt with the importance of strength and unity in the association. N/S K. Brady thanked the Rev. Father for his interesting talk.

Seated at the head table were D. Sullivan, R. O'Donnell, M. Barrett, E. Toner, A. McKenna, Mmes W. E. Johnson, L. O'Connell, the guest speaker, and Rev. Father A. Carter, chaplain of the alumnae.

## SASKATCHEWAN

### HUMBOLDT:

The graduate and student nurses observed Memorial Day by attending services in a body at the United Church. Rev. Thomas held a very appropriate service on behalf of the nurses. A service was also held in the chapel at St. Elizabeth's Hospital when Rev. Father George gave an address.

The Humboldt Chapter and alumnae association are entertaining the 1946 graduates at a card party, and they are also giving each nurse a gift. The Sisters of the hospital have invited chapter members to a banquet to be given in honor of the graduating class.

### PRINCE ALBERT:

Members of the Prince Albert Chapter recently entertained at a banquet, honoring the graduates of Holy Family and Victoria hospitals. More than seventy guests signed the register which was in charge of Mmes L. Beeson and J. McPherson. Mrs. R. McCrory, president of the chapter, was chairman.

### WEYBURN:

The registered nurses of Weyburn attended in a body the Memorial Day service at Grace United Church.

At a recent meeting of Weyburn Chapter Dr. F. Eaglesham gave an interesting talk on "The Changes in Medicine During the Last Ten Years."

### YORKTON:

In observance of Hospital Day a very successful tea was held by the Yorkton Chapter recently. The Memorial Day services for the nurses of this district were well attended. The chapter entertained the graduating class of the Yorkton General Hospital School of Nursing at a dance and the 1946 class were also guests of honor at a dinner tendered by the alumnae association.

Rachel Resch has resigned as instructress at the Y.G.H. school of nursing and is leaving for Minneapolis.

# Positions Vacant

**Classroom Instructress** for 120-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., General Hospital, Stratford, Ont.

**Registered Nurses for General Duty** at Vancouver General Hospital, British Columbia. State in first letter date of graduation, experience, references, etc., and when services would be available. 8-hour day and 6-day week. Gross salary: $125 per month living out, with annual increases up to 7 years, plus laundry. 1½ days sick leave per month accumulative with pay. Employees' Hospitalization Society. Superannuation. 1 month vacation each year with pay. Investigation should be made with regard to registration in British Columbia. Apply to Director of Nurses.

**Clinical Instructor** for August 1. Apply, stating qualifications, experience, and salary expected, to Supt. of Nurses, McKellar General Hospital, Fort William, Ont.

**Matron** for 20-bed hospital at Vita, Manitoba, operated by United Church of Canada. Resident medical supt. and assistant; graduate nursing staff. Apply to Rev. J. A. Cormie, 441 Somerset Bldg., Winnipeg, Man.

**Instructress,** qualified, for small Training School by August 1. Apply, stating qualifications and salary expected, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

**Assistant Classroom Instructress** for 118-bed hospital (with immediate prospects of construction of 150-bed modern hospital). Apply, stating qualifications, experience, and salary expected, to Supt., Sherbrooke Hospital, Sherbrooke, P.Q.

**Operating Room nurse** and **Floor Duty nurses** for Barrie Memorial Hospital, Ormstown, P.Q. Apply, with references, to Supt.

**General Duty nurses:** Salary, $100 per month, plus meals and laundering of uniforms. 8-hour day and 6-day week. Apply to Supt., General & Marine Hospital, Owen Sound, Ont.

**Night Supervisor** immediately for 65-bed hospital. Salary: $110 per month. **Dietitian,** preferably with previous experience. Salary: $100 per month. **Floor Duty nurses:** Salary: $100 per month. 6-day week; holidays with pay; full maintenancne. Apply to Supt., Lady Minto Hospital, Cochrane, Ont.

**Visiting Registered Nurse** with Industrial firm in New Brunswick. Must have Public Health experience. Apply in care of Box 9, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.

**Science Instructor; Clinical Instructor and Supervisor, Surgical Wards; Instructor, Acute Communicable Disease Nursing; and Health Supervisor** who will also teach classes in hygiene and public health. Apply, stating qualifications and experience, to Supt. of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

**Public Health Nurse,** qualified, by September 1 for the Town of Midland, Ontario. Apply in writing, stating age, experience, and marital status, to Roy S. King, Secretary, Board of Health, Box 548, Midland, Ont.

**Head Dietitian and Assistant Dietitian** for 350-bed Tuberculosis hospital. Full maintenance provided. Apply, stating age, qualifications, experience, and salary expected, to Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

**Superintendent** for 22-bed hospital for July. State qualifications and salary expected. Also **two Registered Nurses.** 8-hour duty; 6-day week; good salary plus maintenance. Comfortable nurses' residence. Apply to Secretary, Scott Memorial Hospital, Seaforth, Ont.

**Residence Nurse** for September 1. **Assistant** for November 1. Apply, stating qualifications, to Secretary, School of Nursing, University of Toronto, 7 Queen's Park, Toronto 5, Ont.

**General Duty nurses** (two) for small hospital in Peace River country. Salary: $110 per month with maintenance. 8-hour day and 6-day week. 3 weeks' vacation with pay after completion of 1 year's service. Refund of transportation from Edmonton will be made after 6 months in our employ. Apply to Ratepayers Hospital, Berwyn, Alta.

**Second Assistant Superintendent of Nurses.** Chief duty, supervision of ex-servicemen's pavilions with some responsibility in main building and School of Nursing. **Clinical Supervisor,** Surgical, to teach surgical nursing in classroom and supervise clinical experience of student nurses on surgical floors. Salaries according to experience. For 650-bed hospital with close University connections. Apply, stating qualifications, experience, etc., to Supt. of Nurses, University of Alberta Hospital, Edmonton, Alta.

**Nurses** for Roseway Hospital, Shelburne, N.S., owned and operated by Dept. of Public Health of Nova Scotia. Services provided include Medical, Surgical, Maternity, and Tuberculosis. Well equipped; 150 beds. Salary: $90 per month plus full mainteance in nurses' residence. Apply to Medical Supt.

**Operating-Room Supervisor,** qualified, experienced. Graduate scrub nurse kept. Apply, stating qualifications, and salary expected, to Supt., Chipman Memorial Hospital, St. Stephen, N.B.

**Operating-Room Supervisor:** Salary: $100 per month plus maintenance. **General Duty Nurses:** $80 per month and increase of $5.00 at end of 6 months' service. 48-hour week. Apply to Supt., Civic Hospital, North Bay, Ont.

**Night Supervisor.** Also **Graduate Nurses** to act as assistants to Head Nurses and Night Supervisor. Good living conditions. Apply for particulars to Supt. of Nurses, Alexandra Hospital, Montreal 22, P.Q.

**Supervisor** for Central Supply Room and Emergency Dept. of centrally located Toronto hospital. Also **Supervisor** for Medical floor with post-graduate experience, willing to teach medical nursing. **Head nurse** and **Assistant** for private Obstetrical floor. Apply in care of Box 10, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.

**Operating-Room Supervisor** with post-graduate experience by August 1 for 130-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt. of Nurses, Royal Inland Hospital, Kamloops, B.C.

**Public Health nurses,** preferably experienced, for Northumberland-Durham Health Unit. Salary: $1,500 to $1,800, according to experience, plus car allowance. Apply to W. E. Barr, Secretary, Cobourg, Ont.

**Classroom Instructress** for 75-bed hospital. Apply, stating qualifications, experience, and salary expected, to Supt., Royal Victoria Hospital, Barrie, Ont.

**Classroom Instructress** on or before September 1. Apply, stating qualifications and salary expected, to Supt. of Nurses, General Hospital, Niagara Falls, Ont.

**General Staff** and **Operating-Room nurses** at a salary of $100 per month plus full maintenance. 3 weeks' vacation with pay and $50 bonus at completion of each year of service. Pension Plan. One day sick leave with pay per month accumulative. Bus service to city streetcar line. Apply to Supt. of Nurses, Toronto Hospital for Tuberculosis, Weston, Ont.

**Superintendent of Nurses,** with experience in Mental Hospital executive work. Salary: $160 per month plus maintenance. Responsibilities include the charge of Female Nursing Service, Nurses' Training School, and Housekeeping Dept. **Instructress of Nurses.** Qualified. Salary: $120 per month plus full maintenance. Apply to Dr. Murray MacKay, Medical Supt., Nova Scotia Hospital, Dartmouth, N.S.

## Industrial Nursing Institute

During the week of May 13-18, 1946, at the request of the Public Health Section, Registered Nurses Association of Ontario, a very successful institute in Industrial Nursing was held at the Institute of Public Health, University of Western Ontario, London. Fifty-one nurses registered for the course, coming in from all parts of the province. Miss Lucille Harmon, M.P.H., assistant professor of nursing, Wayne University, Detroit, Michigan, was special guest speaker. Miss Harmon dealt particularly with the principles and techniques of nursing in industry, and records and reports in industrial nursing services. Of special interest to the nurses was a discussion on counselling.

Topics covered by other speakers included Trends in Medical Education, Trends in Industrial Medicine and Nursing, Control of Occupational Diseases, Workmen's Compensation Laws, Personnel Practices, Accident Proneness, Hygiene of the Eyes, etc.

Many problems were presented and discussed during the discussion periods and it was felt by the nurses attending that they had gained a great deal.